

5-2011

# The Rhetorics Of Constructing HIV/AIDS In The United States And China: A Comparative Analysis Of Two Online Discussion Forums

Jingwen Zhang

Clemson University, jingwenmapc@gmail.com

Follow this and additional works at: [https://tigerprints.clemson.edu/all\\_theses](https://tigerprints.clemson.edu/all_theses)



Part of the [Rhetoric and Composition Commons](#)

---

## Recommended Citation

Zhang, Jingwen, "The Rhetorics Of Constructing HIV/AIDS In The United States And China: A Comparative Analysis Of Two Online Discussion Forums" (2011). *All Theses*. 1072.

[https://tigerprints.clemson.edu/all\\_theses/1072](https://tigerprints.clemson.edu/all_theses/1072)

This Thesis is brought to you for free and open access by the Theses at TigerPrints. It has been accepted for inclusion in All Theses by an authorized administrator of TigerPrints. For more information, please contact [kokeefe@clemson.edu](mailto:kokeefe@clemson.edu).

THE RHETORICS OF CONSTRUCTING HIV/AIDS  
IN THE UNITED STATES AND CHINA:  
A COMPARATIVE ANALYSIS OF TWO ONLINE DISCUSSION FORUMS

---

A Thesis  
Presented to  
the Graduate School of  
Clemson University

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts  
Professional Communication

---

by  
Jingwen Zhang  
May 2011

---

Acceptance by:  
Dr. Huiling Ding, Committee Chair  
Dr. Steven B. Katz  
Dr. Karyn Ogata Jones

## **ABSTRACT**

This thesis focuses on the cross-cultural comparison of the public rhetorics that construct HIV/AIDS in two online discussion forums from the United States and China. Social constructions of HIV/AIDS have previously been explored in specific countries and cultures; however, comparative studies have rarely been conducted, especially by applying rhetorical cultural analysis focusing on online discourses. Responding to these gaps in research, this study combines two underexplored dimensions — comparative rhetorical analysis and online discourse — to show how online communications, metaphors, and topoi identified in discussion forum posts reveal and construct the idea of HIV/AIDS in the public sphere for people living in the two countries with different political, social, and cultural backgrounds.

First, a rhetorical analysis on the discussion forum's structure and content provides a rich understanding of how the underlying ideology influences communication processes and rhetorical patterns. From there, a metaphorical analysis reveals how metaphors are applied and further construct people's interpretation of the disease and illness experience in their daily discourses. Finally, a topical analysis demonstrates how specific reasoning traditions shape the national and cultural mindset for constructing HIV/AIDS in certain ways. The findings suggest that the U.S. forum AIDSmeds reveals a more individualist-expressive rhetoric, which encourages sharing of personal illness experiences and emotions. While the Chinese forum ZhiAiJiaYuan reveals a more communitarian-persuasive rhetoric, which directly persuades the participants to construct their illness experiences from a social moral standpoint.

## ACKNOWLEDGEMENTS

Without the generous help and support of many people, I would have never been able to complete this thesis. First and foremost I wish to express my gratitude to the three professors on my committee, who are always patient in working with me, for developing research ideas, designing research methodologies, discussing the findings, and improving my writings. During the two years of my studying professional communication at Clemson University, Professor Huiling Ding has been guiding and caring for me without any reservation. Communication with her is always delightful and inspirational. What she has been giving me is not just academic training, but also the long-term edification in thinking and being as a scholar who always cares about and finds interests in the subjects she is studying. I also thank Professor Steven Katz for his rigorous suggestions on revisions and for having me sitting in his seminar on scientific rhetoric, which greatly broadens my understanding of the subject. Professor Karyn Jones's lectures on health communication have provided me different perspectives in reflecting on my current research, and collaborations with her give me warm encouragements.

I also wish to acknowledge my immense debt to my parents and families, who are always there supporting me throughout the two years. Especially, I want to thank Mr. Ze Li for spending time criticizing me and arguing with me for various topics, which not only keeps me humble in doing research, but also inspires me greatly from interdisciplinary perspectives. His support also gives me the courage for continuing academic work in the future.

## TABLE OF CONTENTS

	Page
ABSTRACT.....	ii
ACKNOWLEDGEMENTS.....	iii
LIST OF TABLES.....	vi
LIST OF FIGURES .....	vii
 CHAPTER	
1. INTRODUCTION TO THE PRESENT RESEARCH.....	1
2. LITERATURE REVIEW .....	7
2.1 Social Construction of HIV/AIDS.....	8
• The Biomedical Paradigm.....	8
• The Cultural Paradigm .....	10
• Models of Social Construction.....	12
2.2 HIV/AIDS, Knowledge, and Power .....	15
• Knowledge and Power .....	15
• Competing HIV/AIDS Knowledge .....	16
• Discipline and Stigma .....	17
2.3 HIV/AIDS and Social Media.....	19
• Discourses of HIV/AIDS on the Internet .....	19
• Social Media and Rhetorical Ecology .....	20
3. METHODS.....	24
3.1 The Framework of Rhetorical-Cultural Analysis .....	24
3.2 A Brief Discussion of Methods .....	25
• Discussion Forum Selection.....	26
• Rhetorical Analysis .....	29
• Metaphorical Analysis .....	33
• Topical Analysis .....	35
3.3 Operational Definitions .....	38
• Construction Process in the Discussion Forum.....	38
• Metaphors Used in the Posts .....	40
• Topoi Used in the Posts.....	41
4. STUDY OF THE U.S.FORUM AIDSMEDS .....	42
4.1 HIV/AIDS in the U.S. ....	42

4.2	The Context and Structure of AIDSmeds Discussion Forum.....	46
4.3	Rhetorical Analysis.....	53
	• Metaphors Identified in the AIDSmeds Forum.....	53
	• Topoi Identified in the AIDSmeds Forum .....	62
4.4	Conclusion.....	67
5.	STUDY OF THE CHINESE FORUM ZHIAIJIA YUAN.....	69
5.1	HIV/AIDS in China.....	70
5.2	The Context and Structure of ZhiAiJiaYuan Discussion Forum.....	74
5.3	Rhetorical Analysis .....	85
	• Metaphors Identified in the ZhiAiJiaYuan Forum.....	85
	• Topoi Identified in the ZhiAiJiaYuan Forum .....	92
5.4	Conclusion.....	99
6.	COMPARATIVE STUDY OF THE TWO FORUMS.....	100
6.1	Comparison of the Rhetorics in Two Forums.....	101
6.2	Comparison of the Metaphors and Topoi in Two Forums.....	109
6.3	Conclusion.....	121
7.	DISCUSSION .....	123
7.1	Research Benefits .....	126
7.2	Research Limitations and Implications .....	127
	APPENDICES .....	131
	Appendix A.....	131
	Appendix B .....	133
	Appendix C .....	135
	REFERENCES .....	139

## LIST OF TABLES

TABLE	Page
2.1 Polgar's Five Social Constructions of HIV and AIDS .....	13
3.1 Discussion Forums Selected in the United States and China .....	27
3.2 Translation of the Main Boards of the Chinese Forum ZhiAiJiaYuan.....	29
3.3 Number of Posts Selected from the Two Forums .....	31
4.1 Topoi Identified in the U.S. Discussion Forum AIDSmeds .....	63
5.1 Topoi Identified in the Chinese Discussion Forum ZhiAiJiaYuan.....	93

## LIST OF FIGURES

FIGURE	Page
3.1 Main Boards of the U.S. Forum AIDSmeds .....	28
3.2 Main Boards of the Chinese Forum ZhiAiJiaYuan .....	28
3.3 Meaning Construction Process in the Discussion Forum – Applying Constructivism .....	39
4.1 The Structure of the U.S. Discussion Forum AIDSmeds .....	48
4.2 HIV/AIDS Experience Constructed by the U.S. Discussion Forum .....	49
4.3 Statistics of Posts in Individual Boards in the U.S. Discussion Forum .....	50
4.4 Smile Icons Shown in the Discussion Forum Posts.....	51
4.5 Metaphors Identified in the U.S. Discussion Forum AIDSmeds.....	62
4.6 Statistics of Topoi Identified in the U.S. Discussion Forum AIDSmeds.....	64
5.1 The Structure of the Chinese Discussion Forum ZhiAiJiaYuan.....	77
5.2 Statistics of Posts in Individual Boards in the Chinese Discussion Forum .....	79
5.3 Post Describing Symptom with Pictures.....	81
5.4 Post Showing Test Results.....	83
5.5 Statistics of Topoi Identified in the Chinese Discussion Forum.....	94
6.1 Post Presenting Picture of Bodhisattva .....	119



## **CHAPTER ONE INTRODUCTION**

The human immunodeficiency virus (HIV), which was unknown 27 years ago, has already caused an estimated 25 million deaths worldwide, and an estimated 33.4 million people are living with HIV today. The latest epidemiological data indicate that the global spread of HIV appears to have peaked in 1996 and it has stabilized since 2000 (UNAIDS, 2009). Although it is no longer a new syndrome, acquired immunodeficiency syndrome (AIDS) continues to be a major global health priority.

While global solidarity in the AIDS response remains a necessity, there are geographic variations in responses to AIDS across and within countries and regions. Different economic, political, and cultural contexts account for these variations. As shown in an international survey conducted by UNAIDS with a polling company Zogby International, awareness about HIV prevention, availability of funding, stigma and discrimination are the top three obstacles in keeping the world from effectively responding to AIDS (UNAIDS, 2010). These obstacles are highly associated with local cultures and social norms that are fundamentally related to changing discourses on HIV/AIDS.

The AIDS epidemic is biological and biomedical, as well as cultural and linguistic. “The spread of HIV infection and, consequently, AIDS is the product of human behaviors enacted in social contexts. Both the behaviors and the circumstances in which they occur are conditioned and shaped by culture and larger social structures” (Keniston, 1989, p.2). In this sense, both the disease and the meanings of illness are socially constructed and interpreted. As Treichler (1999) argued in her book, AIDS

epidemic is “simultaneously an epidemic of a transmissible lethal disease and an epidemic of meanings or signification” (p.11). It is the careful examination of language and culture that enables us to think carefully about ideas in the midst of a crisis, to develop policies, and to articulate long-term social needs. While existing studies on AIDS from a sociocultural perspective are predominantly contextualized in Western cultures, the similar approaches for understanding AIDS in non-Western cultures receive much less attention. This discrepancy in knowledge would further breeds ignorance and misconceptions, leading to greater difficulties in the global AIDS response. Therefore, the study of HIV/AIDS as a social cultural construct in both Western and non-Western cultures becomes a necessity for us to understand the critical role of rhetoric in constructing HIV/AIDS, which in turn helps us recognize various cultural constraints in AIDS response. Specifically, the increasing use of social media by support groups of people living with HIV and AIDS in different countries further provides insights into understanding AIDS as a social experience at both individual and community levels.

## **The Present Research**

This thesis aims to analyze and compare the rhetorics that construct HIV/AIDS in the United States and China revealed from two online discussion forums – AIDSmeds from the U.S. and ZhiAiJiaYuan<sup>1</sup> from China. It specifically explores how based on virtual online communication, common metaphors and rhetorical topoi are used in the construction and negotiation of HIV/AIDS risk and illness experience. First of all, this suggests the discussion concerning online discussion forum not only as a collective communication platform but also a rhetorical ecology supplied with ideological connotations, by which my argument delineates itself from traditional notion of computer-mediated health communication, and upon which my argument concerning the persuasiveness of online posts rests. Second, the effort of comparative study emphasizes the significance of understanding health and illness in different cultural contexts in order to facilitate cross-national conversation and cooperation in face of global epidemic and to develop better public health programs given complex local variations.

Previous research discussions concerning social construction of HIV/AIDS have examined the metaphors constructed by public discourses to show how interpretation of AIDS misleads our coping strategies and constraints empowerment (Sontag, 1989); the “credibility struggles” among medical researchers, activists, policy makers, and others to

---

<sup>1</sup> “ZhiAiJiaYuan” is a Chinese phrase literally translated as “The Home for Understanding AIDS.” This thesis uses the Hanyu Pinyin system of romanisation for Chinese characters (a list of Hanyu Pinyin system can be accessed on <http://www.cnpedia.com/pages/knowledge/baserule.htm>). All posts and texts typed in simplified Chinese characters are translated into English by me unless otherwise indicated.

show how knowledge about AIDS emerges socially (Epstein, 1996); the overlapping or competing discourses that form “the epidemic of meanings” to discuss the sociocultural phenomena of AIDS from a global perspective (Treichler, 1999); and the risky rhetoric surrounding HIV testing that exerts disciplinary power over individual bodies and certain populations to develop more responsive testing policies (Scott, 2003). Specifically regarding HIV/AIDS in China, Hyde (2007) focused on examining the links between the material and the discursive representations of HIV/AIDS in southwest China. Besides examining government documents and research papers conducted by Chinese scholars, Hyde also explored the state narratives by analyzing first-hand material collected through interviews with provincial health officials and local health workers. One of her major findings points out that the Chinese government views and implements HIV/AIDS prevention with a heavy cultural bias against female ethnic minority people, deeming them as the main vectors of the epidemic. Building on this finding, she made a thoughtful argument on “how diseases map onto certain places and people more readily than onto others and how HIV/AIDS becomes embedded in political and economic relations, embodied practices, and cultural imaginations” (p.2).

Developed upon these works, my research closely examines how social construction of HIV/AIDS is revealed and reformed through the rhetorics generated and circulated on social media, taking in considerations of cultural values, social ideologies, and the complex relationships among knowledge, power, and emotion.

In order to explore the sociocultural meanings of HIV/AIDS in the two countries, I approach the study by examining both the rhetorics of the discussion forums and the

specific metaphors and topoi applied in the forum posts. Guided by the framework of rhetorical-cultural analysis developed by Scott (2003), the first part of this study looks at two discussion forums as different cultural communities that condition HIV/AIDS rhetorics. The second part of the study then delves into detailed metaphorical and topical analyses informed by both classical and contemporary rhetorical theories.

As a comparative study, the analyses in this thesis focus on two discussion forums. For United States, forum AIDSmeds was selected since it is the forum attached to a leading HIV/AIDS-related magazine *POZ* and website *poz.com* since 1994, which currently has more than 12,000 members. For China, forum ZhiAiJiaYuan was selected since it was launched in 2001 and is among the first AIDS forums in China, which has more than 20,000 members. Different structures and main boards of the two forums were analyzed and compared to reveal the public perceptions and ideologies surrounding HIV/AIDS in general. Following the comparison, five major similar boards from each forum were selected for the second part of the two specific rhetorical analyses. Then from each forum, I selected the most viewed 10 posts from each of the five representative boards covering topics of consulting, testing, treatment, emotion and community support, which yielded a sample of 50 posts from each forum. Thus a total sample of 100 posts was then given both metaphorical and topical analyses. Besides presenting the findings regarding each forum, I also give out a comparative reflection and discuss the most salient topics for future research.

In brief, the rest of the thesis consists of five chapters: Chapter 2 reviews previous research on the social construction of HIV/AIDS and the rhetorical significance of social

media in representing, constructing, and reshaping discourses; Chapter 3 explains and justifies the methodological framework of comparative rhetorical analysis. Specifically, it explains the selection of the two forums and describes the metaphorical and topoi analyses; Chapter 4 presents the study of the U.S. forum AIDSmeds, including background information on the U.S. AIDS epidemic and the rhetorical patterns of the forum and its posts; Following Chapter 4, Chapter 5 presents the study of the Chinese forum ZhiAiJiaYuan; Chapter 6 summarizes and compares findings from the two forums, and it discusses and explains their similarities and differences; Finally, chapter 7 drawing on the overall research findings discusses how and to what extent the meanings of AIDS are socially constructed in the two cultural contexts. It also points out the limitations and directions for future research.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

This literature review discusses how sociopolitical and cultural forces shape the public perception and interpretation of HIV/AIDS in different historical contexts, and the role social media plays in contemporary health communication and public discourse formation. This social construction of HIV/AIDS in social media reveals two important theoretical bases: (1) knowledge about AIDS is not merely developed and restricted within biomedical discourse, rather it is socially constructed, involving continuous power struggles; (2) the Internet is not omnipotent emancipating, since the very technological structure is supplied by various ideologies and further governs the communication and rhetoric. In effect, numerous anonymous online posts reveal these power struggles, social constructions, and deconstructions through various rhetorical clues.

The following discussion will be organized into three sections:

- The first section (2.1) introduces the change of research paradigms, beginning with the biomedical paradigm, and working towards the cultural paradigm informing diverse models of understanding HIV/AIDS as socially constructed;
- The second section (2.2) discusses the critical relationship between knowledge and power and how the relationship has been examined in the HIV/AIDS context with concerns of social discrimination and self-discipline;
- The third section (2.3) discusses the discourses and rhetorics of HIV/AIDS revealed on the public sphere of the Internet from different cultural backgrounds.

## **2.1. Social Construction of HIV/AIDS**

Social constructionism is a conceptual framework that “emphasizes the cultural and historical aspects of phenomena widely thought to be exclusively natural. The emphasis is on how meanings of phenomena do not necessarily inhere in the phenomena themselves but develop through interaction in a social context” (Conrad & Barker, 2010, p.67). Social constructionism examines how individuals and groups contribute to producing perceived social reality and knowledge (Berger & Luckman, 1966). In the context of HIV/AIDS, the social construction specifically refers to three themes: the cultural meaning of HIV/AIDS as an illness that is not derived from the nature of the disease and shapes the society’s responses to the afflicted people; the illness experience as constructed in the interplay of various social factors, which also refers to how people understand and communicate their illnesses in the daily context; and the medical knowledge as constructed and developed by contesting claims and policy interests. The following review will broadly cover these three themes of the social construction of HIV/AIDS.

### **The Biomedical Paradigm**

The very definitional claims on HIV/AIDS provoke counter-claims. By defining HIV/AIDS through certain perspectives, we orient our critical attentions and channel available resources to selected phenomena, groups of people, organizations, institutions, and publications, etc.

Originally understood as merely a “biomedical problem,” the research paradigm



on HIV/AIDS was characterized by a heavily biomedical emphasis and a largely individualistic bias. In an effort to understand the origin of the epidemic and to develop effective prevention strategies, the most immediate consequence was a remarkable increase in studies of the individual behavior that places people at risk for the disease, and the sociocultural factors that influence this behavior. In Gorman's (1986) study of the AIDS epidemic in San Francisco, he described epidemiological and anthropological aspects of the AIDS outbreak by specifically focusing on "the highest risk population in that city: gay (i.e., homosexual/bisexual) men" (p.157). The primary purpose of the study was to convert "epidemiological knowledge of risk into prevention strategies" (p.157), though it also discussed issues of stigma as an effect of AIDS on gay subcultures.

Revealed from this study, we also see that in the initial construction of its definition, AIDS was conceived preliminary as a "gay plague." In the book *AIDS: The Burden of History*, Fee and Fox (1989) compiled articles concerning the "burden" of AIDS as essentially medico-moral, which "offer a more thorough reading of the history of infectious diseases" (p.3), discussing the continuities and differences of medical and social responses to AIDS compared with previous epidemics. The specific questions these articles were trying to answer are: Why did AIDS emerge? How has it spread among particular groups of population and how could we control the epidemic with current scientific knowledge? It seems that our initial responses to this disease and epidemic are largely shadowed in a social panic which to some extent hastily demands an impossible cure in a short period of time. Thus, in order to fully understand this epidemic's social and individual impact, a medico-moral orientation focusing on

individual and group behaviors is far from sufficient, and the larger political and cultural climates with their symbolic resonances should be taken into research inquiries.

### **The Cultural Paradigm**

Since the late 1980s, the understanding of AIDS as merely a “biomedical problem” has been changed to that of a psychological, social, and political problem. In responding to the predominant biomedical perspective surrounding HIV/AIDS research, Keniston (1989) criticized the exclusively medical definition of AIDS for it links AIDS to the rational-scientific world view which “is characterized by its detached and respectful attitude toward facts, its efforts at objectivity, and its interpretation of the givens of nature, including diseases, as data to be studied, explained, and reduced to more basic phenomena” (p.26). Following this, he proposed two ways that AIDS is socially constructed: first, it is socially constructed in the sense that for any disease we assign a meaning to the condition, in a broader framework of traditional meanings, appealing metaphors, and convincing theories; second, the symptoms of the disease are socially constructed since they grow out of personal, ecological, social, cultural and historical contexts. By summarizing studies on the social construction of AIDS through different symbolic frameworks, he also asserted that to view AIDS as a “disease” is a characteristically modern construction and the misleading use of metaphors of “war,” “crisis,” and “plague” inspired false hopes of the rapid “conquest” of this condition and paralyzing fears of imminent catastrophe (p.19-22).

The language used in talking about HIV/AIDS in the 1980s largely focused on

people dying from it rather than on people living with it. In 1989, Susan Sontag published her book *AIDS and Its Metaphors*, in attempt to deconstruct the various metaphors that demonize AIDS in the society. Expanding on her earlier work of *Illness as a Metaphor*, she found that the metaphors contribute not only to stigmatizing the disease, but also to stigmatizing the individuals who are ill. Sontag (1989) explained that “metaphoric genealogy of AIDS is dual: invasion when defined as a micro-process and pollution when used to describe disease transmission” (p.105). Throughout the book, she identified four types of metaphors that are usually employed to describe AIDS: warfare, biological (botanical or zoological), plague, and contamination and mutation, which cover several broad themes including infection with the HIV as a chronic and fatal illness, AIDS as a foreign plague imported from another culture, the concepts of innocence and guilt, and AIDS as a religious retribution. Sontag’s work is critical in contributing to an increased understanding of AIDS’s complexities both at individual and social levels. However, commented by Dideriksen and Bartlett (1990), she “ignores the tremendous response of the homosexual community to the AIDS epidemic through educational programs, health maintenance initiatives, governmental lobbying, and volunteer support services” (p.415).

The book *Culture and AIDS* edited by Feldman coming out in 1990 as a collection of anthropologists’ work was a timely effort to look at AIDS as a cultural phenomenon from a global perspective. Putting aside the question of where and how AIDS originated, this book looked at the meaning of AIDS in Rwanda, Haiti, America and England to understand AIDS as a particular way of life, “an intricate process of sharing language, utilizing symbols, and organizing and giving meaning to behavior” (p.6). Under this

broad framework, it also discussed the social effects of AIDS on minority people, the role of stigma in the press, and the relationship between language and AIDS. Though this work doesn't specifically examine the processes and dynamics of social construction, it does provide valuable new perspectives for examining AIDS in various historical and cultural contexts.

### **Models of Social Construction**

Dividing research paradigms into “biological” and “cultural” is still too simplistic. In order to better understand the social impact of the epidemic, sociologist Martin Levine (1992) examined the implications of constructionist theory on the epidemic by studying gay men and AIDS. This research approach aims to uncover the ways in which individuals and groups participate in certain behaviors and communications, and the ways people collectively form their perceptions and responses to AIDS. In the description of four constructions of HIV, he differentiated the “moralistic” framework, the “contagion” model, the “political” problem, and the “medical” construction.

Building on the work of Levine, to summarize various understandings of AIDS in historical contexts, in public attitudes, and with moral considerations, Polgar (1996) later proposed a typology of five different social constructions that underlie the professional and public understanding and explanation of the epidemic. His five models — medical, epidemic, organizational, social, and political clearly distinguish different power relationships, dominant metaphors and symbols, the most pressing questions, and uncertainties discussed in different discourse communities. Specifically, the medical

model examines AIDS as a disease from a scientific and biomedical perspective; the epidemic model explains AIDS of its transmission and prevention within a sociocultural context; the organizational model targets at issues and problems within health administrations and organizations; the moral model interprets AIDS from religious beliefs; and the political model focuses on state's political agendas. Table 2.1 provides a detailed summarization of the five models.

	<b>Medical</b>	<b>Epidemic</b>	<b>Organizational</b>	<b>Moral</b>	<b>Political Model</b>
<b>Institutional authority</b>	Science & Biomedicine	Behavior Science	Health Administration	Church	State
<b>Authority type</b>	Rational, scientific	Cultural	Bureaucratic	Religious	Political, economic
<b>Problems with HIV</b>	Virus, Infection, HIV-disease, AIDS	Risk behavior, health services	Occupational health, organizational dynamics	Individual standards, behaviors	Unequal impact, silence and neglect
<b>Major response</b>	Research testing and treatment	Public education & prevention campaigns	Specialization, universal precautions	Abstain, avoid, restrict contact	Protest, educate, resist, survive
<b>AIDS Metaphors</b>	Virus, bodily disease	Epidemic, STD, social disease	Infectious disease, Occupational hazard	Fall from grace, sin, evil	Danger, health problem
<b>Symbols of HIV Risk</b>	Blood, medical waste, universal precautions, color codes and barriers	Geographic, graphic, and numeric indicators, safer sex and injecting supplies	Organizational behavior, infections, prescriptions	(Gay) plague	Stigma

<b>Major questions, uncertainties</b>	Best medical treatments, HIV and immunity functions, vaccination and cure	Infection and transmission routes and rates, prevention effectiveness	Safety requirements, allocation of resources, non-discrimination	Moral behavior, protection of innocence	Responsibility, accountability, accessibility
---------------------------------------	---	---	--	---	---

**Table 2.1: Polgar's Five Social Constructions of HIV and AIDS.**

These theoretical discussions have expanded from the biomedical paradigm to the social construction of HIV/AIDS drawing perspectives from sociology, anthropology and linguistics. However, on the one hand, they predominantly adopt a Western interpretation in studying both developed and developing countries; on the other hand, they have not taken on a critical standpoint to reflect on the local power struggles supplying all the models of social construction. In response, dissecting the cultural politics surrounding representations of HIV and AIDS, Treichler's (1999) work explored how competing discourses and meanings originated, proliferated, and took hold. Specifically, beyond descriptions, she discussed how certain interpretations of the epidemic dominated while others were obscured. Examining the AIDS epidemic under a broad spectrum of cultures, including gender and identity, media representation, and social activism, this work establishes the significance and necessity for conducting cultural studies in understanding sociocultural phenomena of the world epidemic.

After reviewing the research on HIV/AIDS as social construction, the next part zooms into the core of power struggles in order to understand the complex relationships among power, knowledge, and discipline.

## **2.2. HIV/AIDS, Knowledge, and Power**

### **Knowledge and Power**

Michel Foucault's work concerning how the social production of difference is linked to established regimes of knowledge and power is particularly helpful in engaging with this research. He focused on the relationship between knowledge and power, exploring how knowledge is put into power through disciplinary discourses and how power operates through institutional apparatus and technologies. Foucault saw knowledge as always inscribed in relations of power as he stated, "knowledge follows the advances of power, discovering new objects of knowledge over all the surfaces on which power is exercised" (1979, p.204). In investigating their relationship, Foucault put the body at the very center of the discussion, and biopower is the term he used to describe the new techniques of power focused on individual bodies and populations beginning with the eighteenth century, which is distinguished from other powers that exercise within the apparent and traditional legal and political sphere. Foucault defined biopower as "an explosion of numerous and diverse techniques for achieving the subjugation of bodies and the control of populations" (1978, p.139-140). Justified by knowledge, biopower is thus able to regulate and finally taken into our self-disciplines, as he asserted:

The circuits of communication are the supports of an accumulation and a centralization of knowledge; the play of signs defines the anchorages of power; it is not that the beautiful totality of the individual is amputated, repressed, altered by our social order, it is rather that the individual is carefully fabricated in it, according to a whole technique of forces and bodies. (1979, p.217)

Foucault's account of the power in a sense gains a universal implication, as it goes beyond the classical Marxist theories of ideology and hegemony concerning class power and class interests (Hall, 1997). Indeed, as he explained, from the time of the great Platonic division onwards, the will to truth has formed its own history, the history "of material, technical and instrumental investment in knowledge" (1972, p.219), which is also the history of division, exclusion and discipline.

### **Competing HIV/AIDS Knowledge**

Questioning the dominion of established "knowledge", Steven Epstein (1996) asked the critical question of how certainty and credibility are constructed or deconstructed. By examining the competing discourses from medical researchers, social activists, policy makers, and others, he specifically demonstrated the "credibility struggle" through two historical facets of AIDS: Peter Duesberg's controversial challenge of the belief that HIV is the cause of AIDS, and activists' attack on the process of drug development and approval by the government. In his comprehensive analysis, Epstein made it clear that the relationship between knowledge and power is always subject to crisis and change through all levels of social movements.

Taking on a rhetorical cultural perspective, Blake Scott (2003) challenged the legitimacy of HIV testing practices, revealing the disciplinary power of medical and risky rhetoric over individual bodies and certain populations. Similarly, Alex Preda (2005) examined the formation of medical knowledge of AIDS through detailed analyses of metaphors, narratives, and rhetorical classifications in biomedical publications. In



conclusion, he specifically emphasized that “rhetorical practices are closely imbricated with the production of knowledge...It is the very condition under which it becomes possible to express, order, and legitimate epistemic claims” (p.229). In this sense, rhetorical study not only matters for AIDS research, but also for AIDS prevention and democracy. Different from Preda’s focus on scientific knowledge generated through biomedical publications, this study focuses the rhetorical analysis on daily discourses communicated through online discussion forum posts written by people concerning about or living with HIV/AIDS.

### **Discipline and Stigma**

Parker and Aggleton (2003) drew on Foucault’s work to argue for a “new emphasis on stigmatization as a process linked to competition for power and the legitimization of social hierarchy and inequality” (p.18). They further utilized Bourdieu’s concept of “symbolic violence” and Gramsci’s theory of hegemony to understand “how it is that those who are stigmatized and discriminated against in society so often accept and even internalize the stigma that they are subjected to” (p.18). With this critical perspective, they called for context-specific empirical investigations, which take contextual explanation and identify the essential social processes at work in HIV and AIDS-related stigma, including vulnerability, community participation, and social response, etc. Such studies “should be conducted alongside broader comparative work in order to enable us to better understand those aspects of HIV and AIDS-related stigmatization and discrimination that are local, as well as those aspects that may cross

national and cultural boundaries” (p.20). By focusing more carefully on local categories and classifications that the members of specific cultures use to understand and interpret their everyday lives, the cultural analysis of HIV/AIDS in the early 1990s started to identify a range of broader cultural factors for an adequate understanding of the social dimensions of HIV and AIDS (Parker, 2001). Much of the work first emerged in intercultural research and in analysis of situations in non-Western settings (Webb, 1997; Ungvarski & Flaskerud, 1999; Van Dyk, 2001). The studies are predominantly directed at exploring structural factors shaping vulnerability to HIV infection so that more effective prevention strategies may be developed.

In non-Western cultures, the social construction of HIV/AIDS, including stigmatization, discrimination, and stereotyping among different groups of people still receives less attention. Recent AIDS research has documented widespread discrimination toward people living with HIV/AIDS in China. Yet, little attention has been paid to the social constructions of HIV/AIDS in the Chinese cultural context. Zhou (2007) explored how HIV/AIDS, as a social construct, is understood by individuals in the context of their daily encounters. She concluded that dominant discourses on HIV/AIDS in China are still morality-centered, and people living with HIV/AIDS are constructed as morally problematic others.

In sum, the discipline, stigmatization, and discrimination as social processes are taking on various appearances as they are constructed upon different cultural bases. Knowledge could be put up as power through discursive practices; however, crevices

within discourses themselves could also make the very knowledge/power vulnerable to challenges.

### **2.3. HIV/AIDS and Social Media**

Given the above review, my study is therefore built on the theoretical framework of cultural rhetorical analysis, which deems social construction as inescapable and malleable. The study specifically examines the rhetorical construction of HIV/AIDS revealed through cultural texts generated and circulated on the social media.

#### **Discourses of HIV/AIDS on the Internet**

Previous studies taking rhetorical analysis on HIV/AIDS are mostly restricted to studies of media representations of HIV/AIDS in different cultures. Only few studies have examined the discourses of HIV/AIDS on the public sphere of the Internet. Makamani (2009) examined 41 online media texts to reflect on the Zimbabwean HIV/AIDS intervention model and examined how it impacted on HIV/AIDS rhetoric used by government officials and online media. The findings reveal that the HIV/AIDS rhetoric was mainly used by politicians from the previous government of Zimbabwe as a face management strategy. Chong and Kvasny (2005) used feminist critical discourse analysis to evaluate the discourses in the news reports of an online journal about HIV/AIDS and women in China. Specifically, the discourses are categorized into five themes: stereotypical discourse deeming women as powerless, neutral discourse ignoring the different needs of women and men, sensitive discourse acknowledging gender

differences, transformational discourse aiming to refine gender identities; and empowering discourse encouraging women to take part in the decision making process. However, they concluded that these discourses might provide little help in empowering women in their combat with HIV/AIDS. Later, they developed the findings into a theoretical framework situating the social construction of gender and sexuality on a continuum from stereotypical to empowering in an effort to understand how gender and sexuality are socially constructed in HIV/AIDS discourses, which further influence how women see themselves and their possibilities for social changes (Chong and Kvasny, 2007).

Although these studies have provided insights into understanding the social construction of HIV/AIDS on the Internet, they are still based on partial representations of HIV/AIDS from mainstream discourses. In other words, these studies do not cover the plethora of ongoing discussions and conversations generated by people living with HIV/AIDS in various social media platforms, which should be considered important fields where power relationships are revealed and reconstructed.

### **Social Media as Rhetorical Ecology**

Kaplan and Haelein (2010) defined social media as “a group of Internet-based applications” that allows the continuous modification of content “by all users in a participatory and collaborative fashion” (p.61). Social media have been widely discussed in areas, such as public relation, corporate communication, and marketing. However, only a small number of studies have been conducted to examine the role of social media in

professional communication and rhetorical criticism. Currently, the majority of studies on HIV/AIDS and social media, especially on online discussion forums, are concentrated on exploring the communicative functions of the forums, as well as their implications on health communication and intervention strategies (Gillett, 2003; Desouza, 2008; Mo & Coulson, 2008 ; Coursaris & Liu, 2009).

In viewing social media as rhetorical communities, in “Rhetoric, Community, and Cyberspace,” Zappen et al. (1997) discussed the transformation of online communities from rhetorical situations to rhetorical communities. They proposed that in an online community the traditional notion of a single rhetor facing an audience is unlikely to be a valid presumption, as in unsynchronized digital communication, it is impossible to observe “a single rhetor seeking purposefully and intentionally to persuade an audience within a single community of shared beliefs and values” (p.400). Instead, in their specific study of a digital colloquium, there are “‘voices’ from different places all ‘speaking’ at once in the same ‘place’ in fragments rather than complete discourse” (p.400). As a consequence, the online community becomes a public space encompassing rhetorical persuasiveness within which “local communities and individuals can express themselves and develop mutual respect and understanding via dialogue and discussion” (p.400).

In concurring Zappen et al.’s observation, Jenny Edbauer (2005) shifted “the lines of focus from rhetorical situation to rhetorical ecologies.” She defined “an ecological, or affective, rhetorical model . . . that reads rhetoric both as a process of distributive emergence and as an ongoing circulation process” (p.13). Rhetoric is not the “totality of its discrete elements,” but should be understood “in a wider sphere of active, historical,

lived processes.” Deeming online communication infrastructures as replete with ideological and technocratic constraints, it is clear that “the meaning of the message cannot be isolated from the mode of propagation.”

In *Lingua Fracta*, Collin Gifford Brooke (2009) argued for shifting our “units of analysis” from texts toward investigating sites and the interface that create discursive possibility. He outlined the distinguishing characteristics of the rhetoric of new media compared to old media, which require us to shift our thinking from object (the text) to interface, moving “from a text-based rhetoric, exemplified by our attachment to the printed page, to a rhetoric that can account for the dynamics of the interface” (p.26). He described the interface as “those imperfectly bounded encounters where users, technologies, and contexts intersect” (p.200). Therefore, a critical examination on the interface and rhetorical ecology of the discussion forum will help us discern the contextual constraints on the online discourse, and such examination should precede the detailed rhetorical analyses.

Given previous research, this study therefore identifies two gaps in the study of HIV/AIDS as a socially constructed disease. Partially as a response to Parker and Aggleton (2003)’s call, this study aims to understand the rhetoric of HIV/AIDS in both local cultural context and intercultural comparative context. Also, to address the rhetorical significance of social media in constructing HIV/AIDS, this study chooses to examine online texts generated and circulated through social media by people living with or concerning about HIV/AIDS. By examining two online discussion forums in the

United States and China, this study specifically addresses the following research questions:

*RQ1:* What are the rhetorical patterns of the U.S. discussion forum and its posts?

*RQ2:* What are the rhetorical patterns of the Chinese discussion forum and its posts?

*RQ3:* What are the similarities and differences between the rhetorics of HIV/AIDS on the two discussion forums? What contribute to such differences?

*RQ4:* How do the two rhetorics construct the meanings of HIV/AIDS for people living with it in the two countries?

## **CHAPTER THREE METHODS**

### **3.1. The Framework of Rhetorical-Cultural Analysis**

To address the research questions, this study conducts a comparative rhetorical-cultural analysis on online posts from two discussion forums in the United States and China. It utilizes a hybrid rhetorical-cultural analysis adapted from the framework proposed by Blake Scott (2003). Scott applied Anne Balsamo's notion of cultural studies, which "not only analyzes the sociorhetorical practices of science and technology, but also examines how those practices are part of broader cultural formation and ideologies" (Balsamo, 1998, p.229). More precisely, he further adapted Richard Johnson's model of cultural circuit, which accounts for the circulation of cultural forms from their production to distribution where they become part of the conditions enabling further production (Johnson, 1987, p.46). Different from Johnson, Scott blurred the boundary between public and private circuits. In his definition, rhetorical-cultural analysis is "rather than accounting for cultural entanglements as a way to situate and elucidate texts, a rhetorical-cultural mapping discusses specific texts as a way to elucidate cultural entanglements... a rhetorical-cultural analysis would read all texts as changing ensembles of relations that produce a range of effects, including subjects" (Scott, 2003, p.355).

In this framework, there are two parts for the analysis. The first part accounts for science's broader conditions of possibility, as well as for the broader networks of discursive and material actors that condition science. In the context for my study, this part targets on the broader social, political, and cultural backgrounds of HIV/AIDS in a



country and also the rhetorical ecology of the discussion forum that conditions the discrete discursive constructions of HIV/AIDS. The second part maps the connections and power relations among science's heterogeneous actors. Specifically, "this rhetorical-cultural mapping discusses specific texts as a way to elucidate cultural entanglements. In such an approach, the shifting intertext itself becomes the primary object of study" (p.355).

Although the approach is originally designed for examining scientific rhetoric of home HIV testing in the United States, its broad theoretical framework could be expanded and adapted to examine public rhetoric of HIV/AIDS in different cultural contexts. Also, the intertext generated and circulated in social media could be deemed as the primary object for examining and elucidating cultural entanglements as well. The comparative rhetorical analysis of the two discussion forums informs the broader networks of discursive actors that condition HIV/AIDS discourses, and the following detailed metaphorical and topoi analyses of individual online posts reveal the sociocultural values and constraints.

### **3.2. A Brief Discussion of Methods**

Guided by the framework of cultural-rhetorical analysis, this section will first present the rationale for selecting the two discussion forums. Then it will explain the two parts of the rhetorical analyses: the first part examines the discussion forums as specific rhetorical ecologies concerning forums' structures and main boards; the second part performs both metaphorical and topical analyses on a sample of posts selected from the

two forums.

Specifically, this study examines the two forums from their respective structures, to main boards, and then to individual posts, as shown in the following sequence:

Discussion forum structures → Main boards on each forum → Posts selected from main boards
---

### **Discussion Forum Selection**

The two forums were selected by three criteria including openness to public access, forum function, and statistics of members and total posts. Since some forums do not give the public access to their contents, they are not deemed public spheres where social constructions take place, therefore were excluded from this study. Function refers to the actual utility of a forum. Regarding the research questions, the variety of topics within one forum is deemed as representing the diversity of the forum's functions. Those forums exclusively designed for medical and research purposes were excluded from this study. The total number of members and the total number of posts are considered as measures of the popularity of forums in one country. All these variables are collectively considered to determine the accessibility, utility, and popularity of the forums. The most popular open forums with broad sets of functions (including both medical discussions and social interactions) in each country were then selected for this study.

For United States, forum AIDSmeds (<http://forums.poz.com/index.php>) was selected since it is the forum attached to POZ, which has been operating the leading HIV/AIDS-related magazine and website in the United States since 1994. As stated in its welcome message, AIDSmeds is “a round-the-clock discussion area for people with

HIV/AIDS, their friends/family/caregivers, and others concerned about HIV/AIDS” (AIDSmeds website, 2010). The forum and all the information are open to the public. Currently it has more than 12,000 members and more than 400,000 total posts.

For China, forum ZhiAiJiaYuan (<http://www.120x.net/>) was selected because it was launched in 2001 and is among the first AIDS forums in China. It claims to be a “professional AIDS prevention and care forum” (ZhiAiJiaYuan website, 2010), although it also has topics for emotion expression, psychological counseling, and friend making, etc. It is open to the public and it has more than 20,000 members and more than 300,000 posts.

	<b>United States</b>	<b>China</b>
<b>Forum</b>	AIDSmeds <a href="http://forums.poz.com/index.php">http://forums.poz.com/index.php</a>	ZhiAiJiaYuan <a href="http://www.120x.net/">http://www.120x.net/</a>
<b>Boards</b>	seven main boards (see Figure 3.1)  (“Vivir con el VIH” was excluded from analysis since the posts are written in Spanish.)	eight main boards (see Figure 3.2)  (Translations of the main boards from Chinese to English are shown in Figure 3.3.)
<b>Statistics</b>	> 12000 members  > 400000 posts	> 20000 members  > 300000 posts

**Table 3.1: Discussion Forums Selected in the United States and China.**









Main Forums			
	<b>I Just Tested Poz</b> For the newly diagnosed, and the long-termers with sage advice	9633 Posts in 766 Topics	Last post on <b>Today</b> at 08:36:22 PM in <a href="#">Re: diagnosd POS in Octo...</a> by <a href="#">Maelrod</a>
	<b>Living With HIV</b> For HIV+ individuals and their friends & family	144180 Posts in 9264 Topics	Last post on <b>Today</b> at 08:25:20 PM in <a href="#">Re: Sometimes it hits me...</a> by <a href="#">Ann</a>
	<b>Vivir con el VIH</b> Para las personas VIH+ y sus amigos y familia	817 Posts in 124 Topics	Last post on <b>Today</b> at 10:51:53 AM in <a href="#">Re: sexo oral serodiscor...</a> by <a href="#">Andy Velez</a>
	<b>Someone I Care About Has HIV</b> For friends, family and loved ones of people living with HIV	3101 Posts in 351 Topics	Last post on <b>Today</b> at 11:07:40 AM in <a href="#">sad not to take meds</a> by <a href="#">kanika123</a>
	<b>Long-Term Survivors</b> A forum for long-term HIV survivors (restricted participation)	10185 Posts in 661 Topics	Last post on <b>Today</b> at 05:55:05 PM in <a href="#">Re: so, uh... this kinda...</a> by <a href="#">BT65</a>
	<b>Positive Women</b> A forum for women living with HIV (restricted participation)	12202 Posts in 501 Topics	Last post on <b>Today</b> at 05:42:18 AM in <a href="#">Re: Ladies Thread #74.....</a> by <a href="#">BT65</a>
	<b>AIDS Activism</b> Get involved -- our rights and futures aren't guaranteed	1894 Posts in 356 Topics	Last post on <b>Yesterday</b> at 07:19:36 AM in <a href="#">Re: Be An Activist - Bod...</a> by <a href="#">carouse</a>
	<b>In Memoriam</b> A place to remember those we've lost	232 Posts in 70 Topics	Last post on October 19, 2010, 05:34:07 PM in <a href="#">Re: In memory of Christi...</a> by <a href="#">heartforyou</a>

Figure 3.1: Main Boards of the U.S. Forum AIDSmeds.

艾滋交流		Topics/Posts	分区版主: 健康QQ
	<b>咨询关怀 (447)</b> 普通人群艾滋病问题咨询交流区。为您分析感染风险和解答疑惑，专家和志愿者在线服务。（本版欢迎咨询） 版主: 健康QQ	41348 / 344637	六周阴了，感谢温暖姐、QQ哥、· 2011-3-25 23:41 我曾经也是恐艾
	<b>心理支持 (23)</b> 恐艾者的心灵绿洲，症状不代表感染，恐惧才是病因，心理医生和志愿者在线服务，打开您的心结。（本版欢迎咨询） 版主: 珍爱生命_521, 心灵绿洲	2809 / 14698	不敢检测啊！！！！！！！！！！ 恐惧 2011-3-25 23:15 21guns
	<b>艾滋百科 (49)</b> 艾滋病资料区，汇集知识、药物、症状、图片、解惑等资料文章以及论坛精华帖子。（不提供咨询） 版主: 仁心仁术	447 / 32028	恐艾者必看：艾滋病传播的四个 2011-3-25 23:24 wokaoleid2
	<b>检测自测 (16)</b> 症状不代表感染，检测确证真相！提供艾滋病检测知识和、自测专业指导，请上传检测结果图，专家在线为您分析。（本版欢迎咨询） 版主: 仁心仁术, 健康QQ	4135 / 25212	哪些情况需要检测HIV（转） 2011-3-25 23:22 gonghui53
	<b>彩虹部落 (17)</b> HIV感染者咨询和互助交流区。提供各种正规真实的治疗信息和诊疗指导，有问必答。（非感染者请勿在此咨询） 版主: 仁心仁术, 健康QQ	480 / 7660	我是继续留下伤害别人，还是悄悄 2011-3-25 23:29 kfh1119
	<b>心情随笔 (3)</b> 艾滋病恐惧对你心灵的折磨，是否让你对生命有了新的体会？写下你的心声，与大家共鸣。（仅限恐艾抒发情感，不提供咨询。） 版主: 珍爱生命_521, 反恐精英	502 / 3347	长期低热+口腔白念 今儿三甲阴 2011-3-25 23:00 honeynoduka
	<b>结伴检测 (4)</b> 您是否不够勇气去医院检测HIV？那就在这里寻找伙伴互相鼓励一起检测吧！欢迎各地恐友在此交友互助。 版主: 健康QQ	175 / 691	有南昌的恐友么？ 2011-3-25 19:35 sanny
	<b>艾滋播报</b> 本版发布和汇集有关艾滋病的新闻、疫情、视频等相关帖子。（本版不提供咨询） 版主: 新闻	506 / 1057	美研究人员称：抗艾药能防止男男 2011-3-24 23:47 46341078

Figure 3.2: Main Boards of the Chinese Forum ZhiAiJiaYuan.

<b>Boards</b>	<b>Brief Descriptions</b>
Consulting and Care	Communications of AIDS among the general public. Experts and volunteers analyze infection risks and answer questions.
Psychological Counseling	Psychologists and volunteers provide online counseling regarding fear of HIV infection and AIDS.
AIDS Encyclopedia	AIDS information area, pooling knowledge on symptoms and medications from pictures, articles and forum posts.
Test and Self-Test	Experts and volunteers encourage people to take tests. Experts provide testing guidance and test result explanation.
Rainbow Tribe	Communications among people living with HIV/AIDS with information on treatment and medication.
Emotion Expression	Communications of illness experiences and emotions.
Test Companion	People post personal information for finding test companions.
AIDS News	AIDS news, reports, and videos.

**Table 3.2: Translation of the Main Boards of the Chinese Forum ZhiAiJiaYuan.**

### **Rhetorical Analyses**

The first part of this study looks at two discussion forums as different cultural communities that condition HIV/AIDS rhetoric. The comparison of the two explains the broader contexts that shape or limit the understanding and social construction of HIV/AIDS. Specifically, the first part compares the forum structures and main boards in both forums to explore similarities and differences in the way HIV/AIDS-related issues are emphasized in both countries. To begin with I used open coding to identify and categorize issues predominant in the online discourse of HIV/AIDS. The purpose is to

uncover broad themes in the data (Patton, 2002). My pilot study shows that AIDSmeds has specific topical boards, such as living with HIV, survivor stories, women with HIV, and AIDS activism among others. While ZhiAiJaYuan has topics, such as psychological counseling, emotion expression, and making friends, etc. Following a constant comparison which aims to generate categories and properties (Rennie, 2000), five major similar boards from each forum were selected for the second part of the two specific rhetorical analyses (see Table 3.3).

The second part examines rhetorical patterns of the posts to explore connections and power relations among various sociocultural actors in the social construction of HIV/AIDS. Considering research feasibility, a representative sample of posts was selected. Filtered in the two forums, the most reviewed 20 posts in each of the previously selected 10 boards were collected. After reading and comparing all the posts, I found that although specific pre-set boards are concentrated on specific topics, there are still many overlapping and misplaced posts in the boards. Therefore, I further eliminated the redundant posts to generate a more focused set of data covering different topics within the boards, which includes AIDS phobia<sup>2</sup>, testing, medication/treatment, identity, and empowerment. Since AIDS phobia is an ambiguous term, I need to define it here first. AIDS phobia is usually understood as the irrational fear of HIV/AIDS and contacting

---

<sup>2</sup> AIDS phobia is most clearly defined as a wholly unfounded fear of becoming infected with HIV despite repeatedly negative HIV test results (Jaeger, H. ed.1988. *AIDS Phobia: Disease Pattern and Possibilities of Treatment*. Chichester: Ellis Horwood). AIDS phobia is also associated with deep-seated fears of human sexuality, death and/or stigma (R.Begg. 1989. Legal Ethics and AIDS: An Analysis of Selected Issues. *Georgetown Journal of Legal Ethics*. 3.1. 1-56).

with people who have HIV/AIDS. This public fear would lead to social stigma and further discrimination on the afflicted people. However, in the contemporary Chinese context, AIDS phobia or *Kong Ai Zheng* in Chinese is referring to the continuous concern or worry of HIV infection among people who may be potentially exposed to infection risks despite repeatedly negative test results. As reported from the Chinese Health Ministry, “AIDS phobia is an irrational fear of HIV and AIDS, with a state of intense anxiety and obsessive fear of suffering from AIDS, a fear so strong and overwhelming that not even a negative HIV test will put it (fear) to rest,” and “the patients with AIDS-like symptoms but who test negative for HIV may be suffering from AIDS phobia” (“‘Negative AIDS’ just a phobia,” “Many AIDS ‘patients’ in China suffer from phobia,” 2011).

After eliminating the redundant posts, finally 10 posts were selected from each of the 10 boards in the two forums covering the five topics mentioned above. Therefore, 50 posts for each forum and 100 posts in total were collected for the second-round rhetorical analyses. The detailed distribution of data collection is shown in Table 3.3:

<b>Forums</b> <b>Applied Topics</b>	<b>The U.S. Forum</b> <b>AIDSmeds</b>	<b>Posts</b> <b>Selected</b>	<b>The Chinese Forum</b> <b>ZhiAiJiaYuan</b>	<b>Posts</b> <b>Selected</b>
AIDS Phobia	“Am I infected?”	10	“Consulting and Care”	10
Testing	“I Just Tested Poz”	10	“Test and Self-test”	10
Medication /Treatment	“Living with HIV”	10	“Rainbow Tribe”	10
Identity	“Long-term Survivors”	10	“Emotion Expression”	10
Empowerment	“Mental Health &HIV”	10	“Psychological Counseling”	10
Sample Size: 100		50		50

**Table 3.3: Number of Posts Selected from the Two Forums.**

This sample of 100 posts selected from the two forums then becomes the target of both the metaphorical and topical analyses. The whole set of data comprises of 34,573 words in both English and Chinese.

People living with HIV/AIDS are living in various sociocultural circumstances. HIV infection as an “exigency” in one’s life not only calls for medical treatment but also calls for a rhetorical response through which one could adapt life under various social pressures. In Bitzer’s (1968) notion, “rhetoric is a mode of altering reality, not by the direct application of energy to objects, but by the creation of discourse which changes reality through the mediation of thought and action” (p.4). For people living with HIV/AIDS, rhetoric is more of a mode for constructing realities by the creation of argument and negotiation for giving life “new” meanings. Rhetorical analysis on the online posts not only tries to reveal the meanings constructed but also tries to understand how the meanings are constructed through rhetorical inventions. Therefore, this study focuses on two specific approaches: metaphorical analysis for revealing the meanings and topoi analysis for understanding the meaning-making processes. As the means by which arguments are expressed, metaphors may provide insight into the motives and social realities of the participants on the discussion forums. Analysis of key topoi from the posts is utilized to explore what conventional logics contribute to the two cultural rhetorics about HIV/AIDS. Therefore, the combination of the two methods would work together to answer my research questions. In the following two sections, I will briefly discuss the rationales and procedures of applying the two analyses.



- **Metaphorical Analysis**

Metaphor is common to all languages and cultures. Although the use of metaphor is universal, the choice of metaphor for interpreting the world may be cultural-specific (Liu, 2002). Different cultures may interpret the same matter with drastically different metaphors. Therefore, metaphors expressed in language can serve as an indicator of culture.

Along with the Western metaphorical study, a metaphor “is the transference of a name from the object to which it has a natural application” according to Aristotle (*Poetics*, p.21). I.A. Richards (1936) saw metaphor as “a borrowing between and intercourse of thoughts, a transaction between contexts” (p.94). Metaphor is a basic way by which we use symbols to construct realities. On the other hand, it is also a way to conceal certain facts and views in realities. Black (1979) argued that metaphors are not just figurative statements and he proposed the interaction view, in which the metaphor selects, emphasizes, suppresses, and organizes data to confirm the metaphor. Also, Shon’s (1979) “generative metaphor” indicates that metaphors simplify complex social situations and often reduce such complexities to normative dualisms, such as health/disease. Lakoff and Johnson (1980, 1999) proposed a comprehensive theory of metaphor explained through familiar daily linguistic examples, like “ideas are plants” and “argument is war.” Commented by Schmitt (2005), it “provides a basis for describing everyday cognitive structures using linguistic models and thus, making it possible to uncover both individual and collective patterns of thought and action” (p.358). Building on Lakoff and Johnson’s work, Schmitt therefore developed a workable system for

carrying out systematic metaphor analysis as a qualitative research method, which makes it clear that metaphor analysis is targeted at collective and subjective constructions (Schmitt, 2005, p.382). In brief, this approach not only requires identification and analysis on individual metaphors within texts, but also requires explanation and interpretation of the metaphors within their larger social and cultural contexts.

While along the Chinese rhetorical and metaphorical study, of the three basic “modes of composition” recognized in the *Shi Jing* (Book of Songs) exegeses, bi and xing have been considered to operate like metaphors. Bi, meaning basically “comparison (by contiguity),” is in fact generally taken to be an equivalent of metaphor (including simile); while xing, the “evocation” and “stirring,” often invites a metaphoric reading of the scene involved. Commented by Kao (2000), bi does not occupy a predominant position in Chinese poetry as metaphor does in Western discourse; while xing functions as a “superior” discursive operation, since the emotional (affective) dimension of xing evokes feelings and leads to the development of the poetics of moods, which is the most preeminent element of the Chinese discourse (p. 6-9). Therefore, the significant difference between the Western and the Chinese metaphorical cognition is that the former constructs signs and referents by metaphors while the latter generates emotions and moods by metaphors (Owen, 1992). In this study, I broadly take into both the Western and the Chinese rhetorical theories for the metaphorical analysis, which not only accounts for the constructed cultural meanings, but also the emotions involved in such constructions.

In combination with online communication, accommodated understanding of HIV/AIDS allows people to apply their current understanding to create and construct local knowledge and reality of life with HIV/AIDS. The metaphors of HIV/AIDS in the United States have been well documented by Sontag (1989). While in other cultures, for example in African cultures, metaphors identified to describe HIV/AIDS include “moral panic” and “cleansing discourses.” The “moral panic,” originally theorized as “[a] condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests” (Cohen, 1973, p.9), is used to focus attention on high-risk groups especially prostitutes (Dilger, 2008), and the “cleansing discourses” is used to separate the infected from the healthy (Tomaselli, 2009). In the Chinese HIV/AIDS studies, metaphors have not been identified in scholarly works yet.

In this study, I first isolated metaphors from the posts, then sorted the identified metaphors into groups, and finally looked for patterns in metaphor uses in the two forums. My analysis is also concerned with the larger implications of comparing the set of metaphors grounded in different cultures to explain both confirming and opposing meanings of HIV/AIDS in the two countries.

- **Topoi Analysis**

In the *Topics*, Aristotle explicated 28 common topics, or *koinoi topoi*, which he introduced as “a method by which we shall be able to reason from generally accepted opinions about any problem set before us and shall ourselves, when sustaining an argument, avoid saying anything self-contradictory” (Topica, p.273). There is a general consensus within Western rhetoric that the taxonomy of Aristotle’s topics reflects one of

human beings' fundamental knowing and reasoning processes as categorizing. Through categorizing, people select a stance to understand and construct their life's realities. Therefore, through topoi analysis, we could explore the ways through which people invent the rhetorics. Also, the reason for utilizing topoi analysis is because of its universality. Nelson (1969) extrapolated a systematized view of Aristotelian topoi as a system sufficiently inclusive to account "for all major arguments capable of being advanced regarding any special case. Because they transcend the strictures of any specific body of knowledge, they are representative of the superordinate level of generalization" (p. 9). In this sense, the universality of Aristotelian topoi suggests one way to approach the Chinese discourse with Western rhetorical analysis methodology.

Based on works of Aristotle, Miller (1987), Prelli (1989), and other rhetoricians of scientific, technical, mathematical, and engineering (STEM) discourse, Walsh (2010) proposed a reimagining of topoi as basic schema that interrelate texts, objects, and writers in STEM communities. Specifically, her pilot survey yielded a set of 30 topoi that can form a starting point for future rhetorical analysis. In my study, I conducted a topoi analysis of the sample online posts, beginning with Aristotle's 28 topoi as units of analysis. For all identified topoi, I highlighted the recurring ones and summarized their patterns revealed in the two forums. Walsh's study has yielded several new topoi for STEM discourse. Since my research targets on a new set of online discourses in different languages, it has yielded new topoi as well.

Although Aristotelian topoi could inform the analysis on the Chinese discourse to some extent, in order to fully understand the HIV/AIDS online rhetorics in Chinese

language, I further applied the core of the Chinese rhetorical theory, the Confucian rhetoric as a subsequent coding scheme for proposing and discussing new topoi and other emerging rhetorical patterns. Different from the Aristotelian rhetoric, Confucian rhetoric constructs a set of its own canons and teachings rooted in the political and sociocultural climate of the Spring Autumn Period (722-481 B.C.), which is still deemed as the classical cultural root in China nowadays. Confucian rhetoric is “based mainly on ren dao or the way of humans and the moral codes he prescribes in his teachings. To him, the most influential virtues include ren (benevolence), yi (righteousness), li (propriety), zhi (wisdom), and xin (faithfulness). Among these virtues, ren is seen as the highest standard of moral perfection” (Zhu & Hildebrandt, 2002, p.94). Commented by You (2006), “Confucian rhetoric emphasizes building moral character and exercising moral persuasion through exemplars and self-reflexivity... Through treating various human relations strictly following the established rites, the self is being ritualized as he identifies himself with what is considered ethically Good” (p.444). Furthermore, Confucian rhetoric goes beyond the ritualization of the self, as it deems “a true gentleman’s responsibility as to affect the people around him with his Goodness — to influence them, to persuade them, to transform them, and ultimately to lead them toward Goodness” (p.439). Supplied by Confucian rhetoric, new topoi would thus be suggested as supplementing the Aristotelian topoi for discussing the Chinese posts.

After analyzing and comparing the rhetorical patterns in the two forums, I delve into the next stage of critically analyzing their rhetorical meanings in broader cultural contexts. After the findings are summarized, I first discuss various ideologies and power

relationships in the social construction of HIV/AIDS from the perspective of people living with it in the two countries. Then I discuss how the cultural conventions have contributed to the differences, which may inform on existing AIDS prevention and education programs in the two countries.

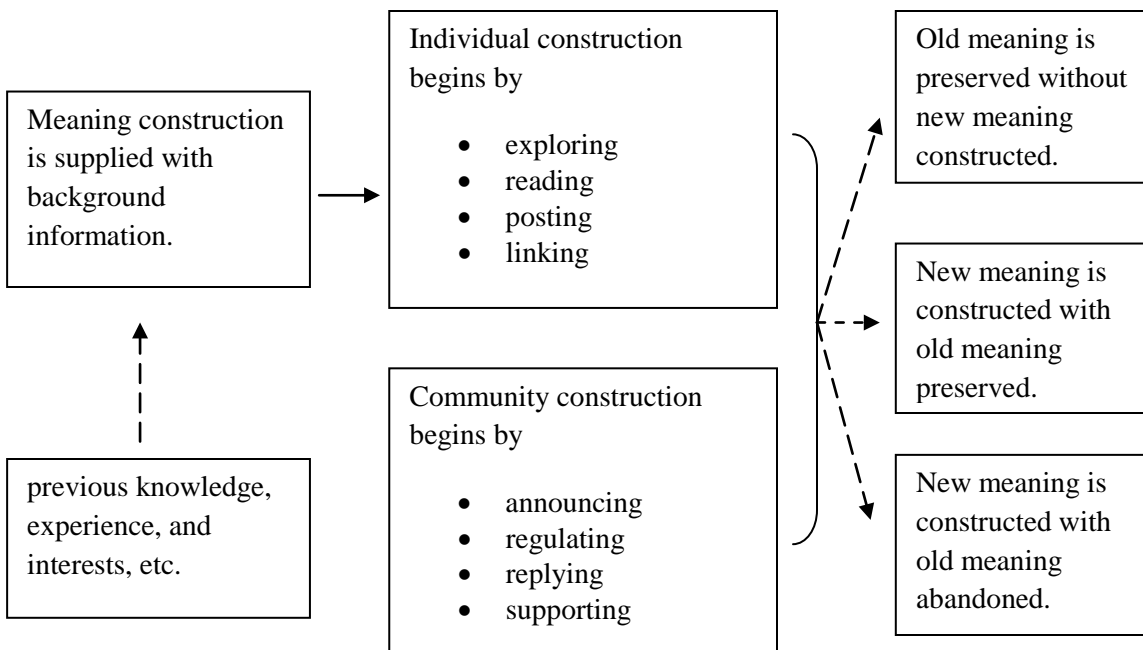
### **3.3. Operational Definitions**

There are several important defining terms and ideas relating to the online communication of HIV/AIDS that informs the analyses in this thesis. This section provides a summary explaining how these terms and ideas operate.

#### **Construction Process in the Discussion Forum**

Constructivism in the sense of a learning theory defines learning as a change in meaning constructed from prior experience (Newby, Stepich, Lehman, & Russell, 1996). Constructivism is an active process of constructing knowledge in such a way that the learner builds on prior knowledge and experience to draw meaning and construct new knowledge (Walker & Lambert, 1995). In the context of HIV/AIDS discussion forum, constructivism assumes that the participants construct their knowledge by bringing previous knowledge, experiences, and interests into the participation process. The knowledge here refers to a broad range of perceptions and meanings associated with HIV/AIDS experiences. Adapted from Harman and Koohang's (2005) diagram depicting the knowledge creation process in discussion forums, Figure 3.3 depicts the constructionist account of the HIV/AIDS discussion forums. In the meaning construction

process occurring in the discussion forum, participants first bring their previous knowledge and experiences into the interaction. Then the meaning constructions are realized through two channels: the individual construction through exploring, reading, posting, and linking information and posts; the community construction through announcing or regulating information, and replying or showing supports for certain points of views. After the construction process, three outcomes may be anticipated: first, old meaning is preserved without new meaning constructed, in such case, participants are not influenced by the forum; second, new meaning is constructed with old meaning preserved, and participants construct new understandings based on old ones; third, new meaning is constructed with old meaning abandoned, and participants' mindsets are reshaped by the forum.



**Figure 3.3: Meaning Construction Process in the Discussion Forum - Applying Constructivism.**

Guided by this operational framework, I thus looked into the following aspects for analyzing the rhetoric of each forum accounted as a rhetorical ecology: the background information on HIV/AIDS epidemic in each country with a historical review, the participation patterns of forum participants and moderators, the emphasis on specific topics, and the convergence and divergence between new meanings constructed in the forum and old meanings supplied by individual illness experiences.

### **Metaphors Used in the Posts**

The analysis started by identifying the metaphors contained in the posts. According to Schmitt's analytical method, a word or phrase is identified as a metaphor if:

- a. a word or phrase, strictly speaking, can be understood beyond the literal meaning in the context; and
- b. the literal meaning stems from an area of sensoric or cultural experience (source area),
- c. which, however, is transferred to a second, often abstract, area (target area) (Schmitt, 2005, p.371).

After identifying the individual metaphors, Schmitt further pointed out the necessity to understand metaphoric "cluster," "model," or "concept" in a specific sense, since "individual metaphorical idioms do not occur by chance, but as a rule can be traced back to a small number of common concepts. At the same time, they share the same source and target areas" (p.372). Thus it is possible to cluster the individual metaphors to form a general concept in the social construction of HIV/AIDS in this study. For example, after knowing his testing result, a person writes, "Finally I was sent to the hell, but I feel I



have been prepared for that punishment.” Here, the metaphors of “hell” and “punishment” are considered in one cluster and discussed as one concept.

### **Topoi Used in the Posts**

Beginning with Aristotle’s original 28 topoi as units of analysis, I tried to identify at least one topos per paragraph throughout each post. If the topos governing a particular paragraph did not match any of the topoi in Aristotle’s scheme, I labeled it a “new topos” and then looked for its recurrences throughout the whole set of data. Since the Chinese rhetoric may present different patterns from the Aristotelian scheme, I sorted the new “topoi” out and gave them new names informed by the above discussed Confucian rhetoric. Aristotle’s complete scheme summarized by Walsh (2010) could be found in Appendix A.

After I identified all the topoi in the posts selected from the two forums, I further counted their recurring times and presented the statistics in columns. In the discussion part, I will explain the most used three ones from each forum. Then in the comparison chapter, the most used ones in the two forums are compared to inform the broader discussion of social construction.

In summary, this method chapter has explained the rationales for selecting the discussion forums and the sample posts. All the rhetorical analyses were performed on both forums. Examples of the metaphorical and topical analyses performed on both the English and Chinese posts could be found in Appendix B and C. The next three chapters will then present the study findings from the U.S. forum AIDSmeds, the Chinese forum ZhiAiJiaYuan, and the comparative study of the two.

## **CHAPTER FOUR**

### **STUDY OF THE U.S. FORUM AIDSMEDS**

This study applied both metaphorical and topical analyses to examine the cultural rhetorical construction of HIV/AIDS revealed in individual writings on the U.S. discussion forum AIDSmeds. In an effort to explore the various rhetorics surrounding the living experiences with HIV/AIDS at different stages and from different interpretive angles in the cultural context, I looked into anonymous online posts to identify patterns of metaphors and topoi that construct and negotiate HIV/AIDS in people's lives.

This chapter starts with a brief review on the history of perceiving and negotiating HIV/AIDS in the U.S. What follows is an analysis on the context and structure of the discussion forum AIDSmeds, which hosts and restricts expressions as it both reflects and deflects certain cultural ideologies surrounding HIV/AIDS. The rest of the chapter presents the findings from examining the salient metaphors and topoi applied as rhetorical arguments based on the sample posts. My analyses of the metaphors and topoi propose a set of rhetorical constructions of HIV/AIDS with explanations based on their cultural backgrounds.

#### **4.1. HIV/AIDS in the United States**

The history of HIV/AIDS in the U.S. began in about 1969, when HIV likely entered through a single infected immigrant from Haiti (Gilbert, et al., 2007). In the early 1980s, doctors in Los Angeles, New York City, and San Francisco began seeing young men with rarely occurred cancer Kaposi's Sarcoma (KS) and lung infection Pneumocystis Carinii Pneumonia (PCP). In June 1981, the CDC published a report about

this rare occurrence in Los Angeles, however, without identifiable causes (“Pneumocystis Pneumonia - Los Angeles,” 1981). This report is sometimes referred to as the “beginning” of the general awareness of this disease in the U.S., since one month later, the New York Times reported this phenomenon with the headline of “Rare Cancer Seen in 41 Homosexuals” (“Rare cancer seen in 41 homosexuals,” 1981). Around that time, there were a number of theoretical hypotheses developed, but knowledge about the disease was changing too quickly to generate an agreement in the scientific community. Various names including “gay compromise syndrome,” GRID (gay-related immune deficiency), AID (acquired immunodeficiency disease), “gay cancer,” or “community-acquired immune dysfunction” were used to refer to the disease (“New homosexual disorder worries officials,” 1982). Until July 1982, the acronym AIDS (Acquired Immune Deficiency Syndrome) was suggested at a meeting in Washington, D.C. (Grmek, 1990). After that, AIDS was officially being used in scientific journals, newspapers, and government organizations (Marx, Herman, & CDC, 1982).

From its initial stage, HIV/AIDS was identified as a gay disease and framed in terms of the familiar boundary between the “healthy us” and the “diseased other” through focusing on identifying “risk groups” rather than “risk behaviors” (Gilman, 1988). In a study of AIDS coverage between 1982 and 1984, Albert (1986) found that “it was the deviant character of the victims rather than the problematic aspects of the illness itself that characterized media treatment” (p. 135). Underneath the media frames, Sontag (1989) critically identified four types of metaphors that were usually employed to describe AIDS: warfare, biological (botanical or zoological), plague, and contamination and

mutation. In all these metaphors, there underlies a danger of exerting accusation, exclusion, and termination of life of those “deviant victims.” Due to the dominant image of AIDS as a “gay plague,” Reagan’s conservative government further made the public health approach to AIDS prevention an especially difficult and frustrating task (Fee and Kriger, 1993). During the latter half of the 1980s, the framework for understanding AIDS shifted from a plague to a chronic disease because of the lengthening time frame and broadening scope of the epidemic. The death of Hollywood star Rock Hudson in 1985, who was living with AIDS, further initiated a public discussion of the epidemic on the media. Along with the global spread of HIV/AIDS around that time, the public acceptance of the fact that HIV can affect anybody, not just the framed “deviant” started to emerge.

According to CDC (2010), by 2010 it is estimated that more than one million people are living with HIV in the United States. 21% of those people living with HIV are unaware of their infection. Despite increases in the total number of people living with HIV in the U.S. in recent years, the annual number of new HIV infections has remained relatively stable. However, new infections continue at far too high a level, with an estimated 56,300 Americans becoming infected with HIV each year. Gay, bisexual, and other men who have sex with men (MSM) are strongly affected and represent the majority of persons who have died. In July 2010, Obama Administration developed a National HIV/AIDS Strategy with three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health

outcomes for people living with HIV, and 3) reducing HIV-related health disparities. In the beginning of the report, the vision statement says:

The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life - extending care, free from stigma and discrimination.

(p. 1)

The Americans with Disabilities Act (2005) explicitly makes it illegal to discriminate against someone on the basis of their HIV status. However, stigma and discrimination in the U.S. persist and the Strategy admits that “addressing ongoing stigma and discrimination is perhaps the biggest challenge we face, as this is not about what government does as much as it is about changing hearts and minds among members of the public” (p. 23).

After three decades of the advent of HIV/AIDS, to what extent have the hearts and minds of the public changed and what changes are still needed would be a guiding question to keep in mind. If there is still a constructed social division/exclusion depended on people’s body status, whether visible or invisible in actual behaviors and symbolic expressions, the change will can’t avoid facing dangers warned by Foucault (1977), “the body is also directly involved in a political field; power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs” (p.25). Through close examination of the emitted signs realized in public rhetorics on the discussion forum, I aim to deconstruct the projected

ideological powers informed by cultural, social, and political influences. The following analysis on the structure of the discussion forum AIDSmeds will first establish the discussion context and its constraints on the rhetorics.

#### **4.2. The Context and Structure of AIDSmeds Discussion Forum**

AIDSmeds.com was launched in March 2000, as a sub-website to its parent company Smart+Strong, which produces health-focused magazines and websites based in New York. According to its mission statement, AIDSmeds is dedicated to providing people living with HIV/AIDS the necessary information they need to make empowered treatment decisions. Its founder Peter Staley<sup>3</sup> with some of the writers of this website is also living with HIV/AIDS, who has experienced firsthand the challenges of learning how to fight this virus. By offering complete, but not complicated, up-to-date information, AIDSmeds seeks to help people that are both new and old to this challenge, and to remain a powerful resource for years to come (“Our Mission Statement,” 2010).

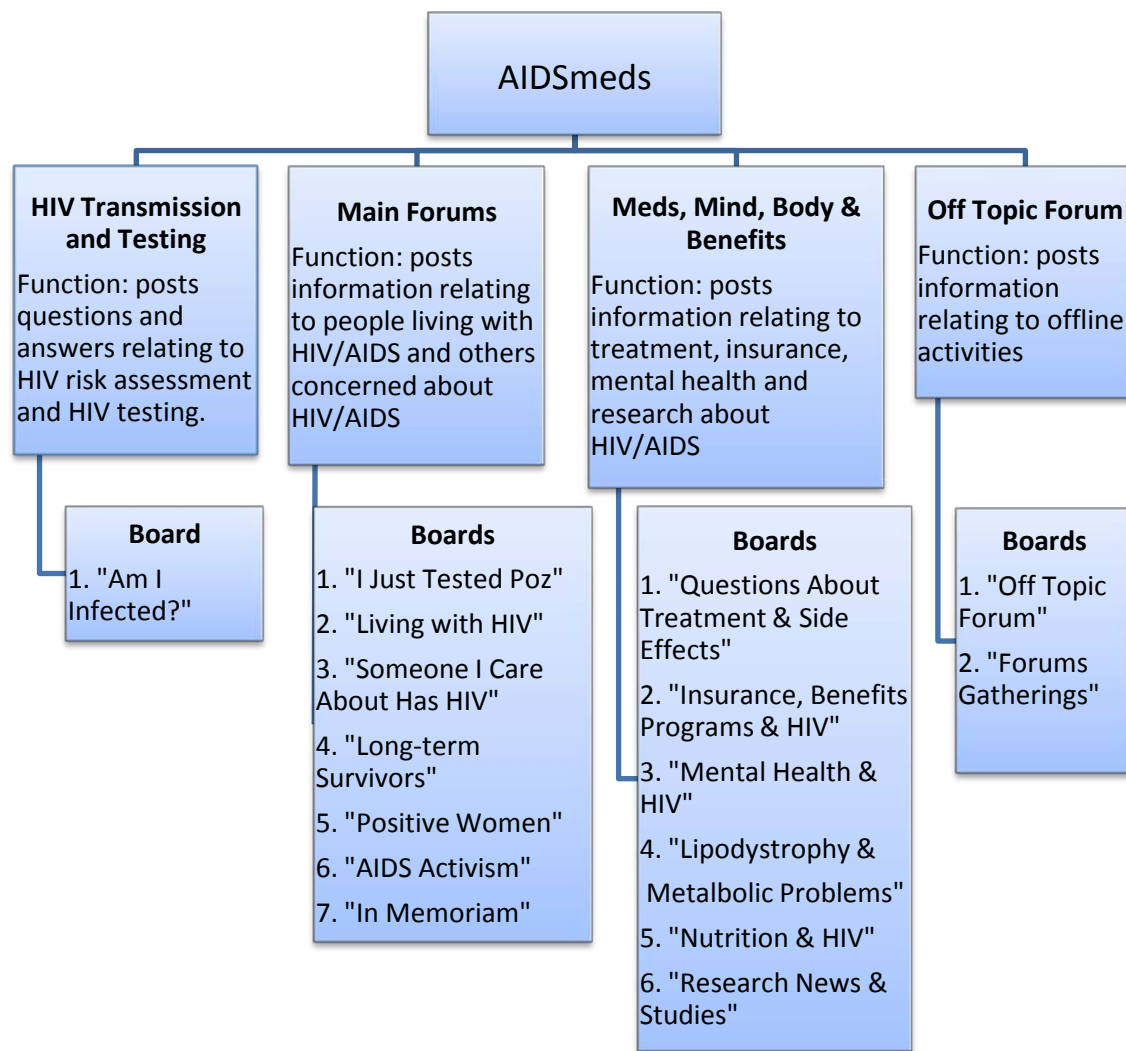
As a website, AIDSmeds provides medical and scientific facts, treatment news, and drug information of HIV/AIDS on its front page. Combined with links from other Smart+Strong websites, AIDSmeds also serves as an individual portal directing to the larger community. Apart from these services, AIDSmeds especially hosts a discussion forum, which establishes itself in the welcome message as “a round-the-clock discussion

---

<sup>3</sup> AIDSmeds.com was founded by Peter Staley in 1999 and launched in March 2000. Peter founded AIDSmeds.com for two reasons: to continue helping people living with HIV, and to finally get himself off disability.

area for people with HIV/AIDS, their friends/family/caregivers, and others concerned about HIV/AIDS” (“Welcome,” 2010). After ten years since its launch, by 2011 the forum has served more than 12,000 members, and has generated more than 31,000 topics and more than 440,000 posts.

Regarding the forum structure, AIDSmeds comprises four sub-forums, which are “HIV Transmission and Testing,” “Main Forums,” “Meds, Mind, Body & Benefits,” and “Off Topic Forums.” Each sub-forum focuses on different function and has different boards concerning various specific topics. The whole structure is shown in Figure 4.1 with detailed explanations.

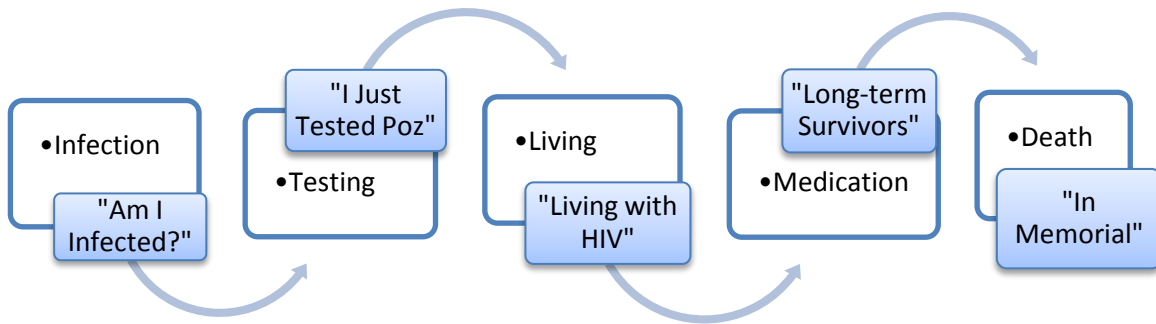


**Figure 4.1: The Structure of the U.S. Discussion Forum AIDSmeds.**

From the above summary, we could see the information on AIDSmeds has covered a wide spectrum of issues relating to HIV/AIDS, ranging from medical to social and political aspects. Although the contents of the forum are contributed by self-initiated participants, the initial structure is built by the founding team, who determine what topics to include or emphasize and what to exclude or neglect. In effect, the forum covers life with HIV/AIDS from the initial stage of infection and testing to the final stage of death



and memoriam (see Figure 4.2). In other words, the forum deems HIV/AIDS as a chronicle disease instead of an acute plague, and it could virtually present a collective picture of the whole-length illness experience. Such a forum structure symbolically shows a sense of respect for life with HIV/AIDS, both for people living with it and for their families. By providing a board for memoriam, the forum further emits a strong sense of humanistic care. Such considerations will be discussed more explicitly when compared with the Chinese discussion forum.

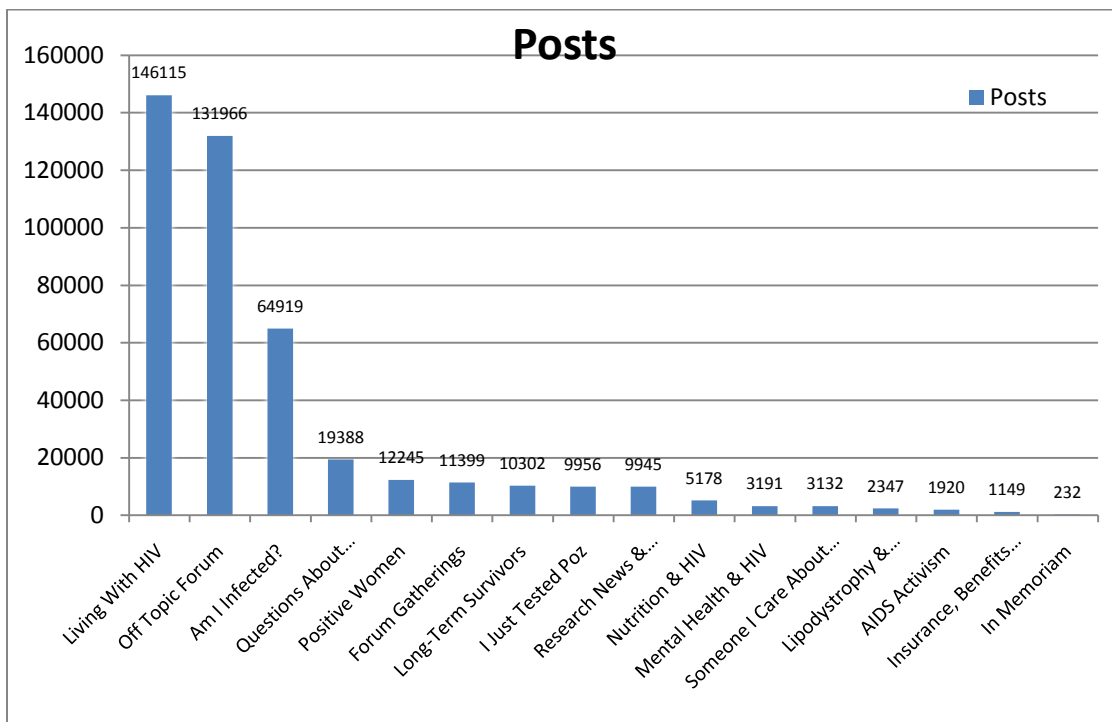


**Figure 4.2: HIV/AIDS Experience Constructed by the U.S. Discussion Forum.**

On the one hand, this forum functions as a participatory information portal, collecting and creating information based on various sources. On the other hand, it also constructs a community consisted by individuals living with HIV/AIDS in the real world. Such a true participatory digital network gives voices to numerous concrete lives, and such voices further deconstruct the collective image of HIV/AIDS as an abstract epidemic shown in the mainstream media. The aspect of the information-centered network of the forum focuses on the scientific facts of HIV/AIDS as a disease, as

demonstrated in the boards of “Lipodystrophy & Metabolic Problems,” “Nutrition & HIV,” and “Research News & Studies.” The aspect of human-centered communication network focuses on individual participants and their questions and actions, as demonstrated in the utilization of first person stance in the boards of “Am I Infected?,” “I Just Tested Poz,” and “Someone I Care About Has HIV.” Due to HIV/AIDS’s highly various effects on different individuals, participants on this forum not only sort information for solving certain problems, but also participate fully with individual characteristics in the community.

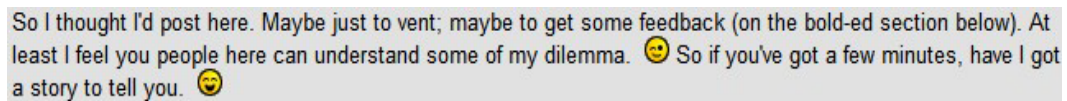
Statistics of total posts in each board were summarized to show their respective participation levels. The differences shown in Figure 4.3 give us a clear impression of the forum’s emphases.



**Figure 4.3: Statistics of Posts in Individual Boards in the U.S. Discussion Forum.**

“Living with HIV,” “Off Topic Forums,” and “Am I Infected?” are the three top participated boards. The total number of posts summed from all the other boards just account for 23.4% of that number from the top three, which apparently demonstrates the distribution of the forum’s emphases. Posts in “Living with HIV” are mostly consisted of individual narratives and stories. People post in this board to ask questions, to solicit support or just to vent. For example, in one post titled “spinning wheels,” the author begins his own story as the follow:

So I thought I’d post here. Maybe just to **vent**; maybe to **get some feedback** (on the bold-ed section below). At least I feel you people here can **understand** some of my dilemma. [Smile Icon] So if you’ve got a few minutes, have I got a story to tell you. [Smile Icon]

A screenshot of a forum post with a light gray background. The text is black and matches the text in the block above. There are two yellow smiley face icons (😊) in the text. The text is: "So I thought I'd post here. Maybe just to vent; maybe to get some feedback (on the bold-ed section below). At least I feel you people here can understand some of my dilemma. 😊 So if you've got a few minutes, have I got a story to tell you. 😊".

So I thought I'd post here. Maybe just to vent; maybe to get some feedback (on the bold-ed section below). At least I feel you people here can understand some of my dilemma. 😊 So if you've got a few minutes, have I got a story to tell you. 😊

**Figure 4.4: Smile Icons Shown in the Discussion Forum Posts.**

This post has been viewed more than 46,000 times and has generated 344 replies. Participants in their replies not only give out emotional supports, but also tell their own stories. Participants in this board usually already know they are HIV positive and try to cope with the disease at different stages.

Posts in “Off Topic Forum” cover all kinds of information. This board is not specifically related to HIV/AIDS, and it is merely a platform for daily conversations among participants. For example, participants usually share video links, pictures, and news that interest them. To some extent, the popularity of this board indirectly

demonstrates the forum's community feature. The collective information exchange in the virtual space could be compared to that in an actual on-site casual gathering. It also shows that people like to stick on the forum, even if they don't have specific questions to ask or tasks to perform, they want to stay and share information, as participation in the forum almost becomes a habit or a daily routine. Statistics from the forum show that five out of ten most viewed posts in the whole forum are from the "Off Topic Forum," which includes "YouTube Links for the Day," "Movie and more movies," and "Lyric Picks & Songs That Matter," etc. Specifically, for the post "YouTube Links for the Day," participants will contribute new information on a daily basis, therefore this post could keep being the most viewed one continuously.

Posts in the board "Am I Infected?" focus more specifically on questions relating to HIV risk assessment. Participants post their concerns of HIV risks and ask for feedbacks. Revealed from the content in the sample posts, participants in this board are usually in the stage of doubting their HIV statuses given previous high risk behaviors and medical test results. Noticing the sharp drop of the number of posts from the board "Am I Infected?" to the board "Questions about Treatment & Side Effects," we could probably assume that some people will leave the forum once they are confirmed of being HIV negative.

In sum, AIDSmeds features both informational and supportive functions. People could either use it as an information portal for learning about HIV/AIDS or use it as an online community for virtual social participation. The forum's design and structure are generally centered on individual illness experiences instead of on the disease as an

epidemic or a communal plague. As revealed in the statistics, participation has mostly focused on three boards. The features of the three boards show that AIDSmeds is used primarily as a communal platform where people share personal stories and emotions. The great amount of concerns about HIV infection risks also indicates the uncertainty and fear surrounding this disease from the public.

### **4.3. Rhetorical Analysis**

For conducting metaphorical and topical analyses, I aim to explore how HIV/AIDS is perceived and rhetorically constructed by people living with it in different stages and meaning contexts. I narrowed my sample selection within the boards that primarily host personal narratives and reflections. Besides the most participated boards of “Living with HIV” and “Am I Infected?,” I also chose “I Just Tested Poz,” “Long-term Survivors,” and “Mental Health & HIV” for selecting data, since they together represent different stages of HIV/AIDS experience. In the following section, findings of metaphorical and topical analyses are presented.

#### **Metaphors Identified in the AIDSmeds Forum**

After coding all the posts using open coding strategy, a set of metaphors were identified. According to their thematic meanings, they were further grouped into five overarching metaphor clusters, including metaphors of drama, darkness, dream, war, and mistake.

## HIV/AIDS is Drama

Drama is a root metaphor inherent in human existence according to Burke, because human language enables us to imagine the negative. Drama in this sense emphasizes on “conflict, contradiction, disobedience, negation as well as affirmation” (Burke, 1966, p.36). In explaining dramatism Burke said, “...But if drama, then conflict. And if conflict, then victimage. Dramatism is always on the edge of this vexing problem, that comes to a culmination in tragedy, the song of the scapegoat” (p.54-55).

In the context of constructing and negotiating HIV/AIDS in life, the metaphor of drama thus reveals the essential powerlessness of people who are trying to make sense of the unanticipated arrival of HIV/AIDS. In thinking of drama, on the one hand, people ask questions of “Why did it get me?” and “How could this happen?” as if they have been involved in a “plot” without any prior notification. Being suddenly put up on the stage, people are forced to figure out the situation and to find out ways of facing and interacting with other “actors,” which may include the exact virus, families, friends, colleagues, among numerous visible and invisible others. In a very long post titled “spinning wheels,” the author uses a story for explaining the dramatic situation:

I was out running errands in the snow the other day and got a good adrenaline rush. Coming back home, I’ll admit I was going a tad too fast for the slick, snowy, slushy road. The car slid to the left some; the car slid to the right. The **spinning wheels couldn’t get any traction** and, **before I knew it**, the car (my partner’s car, I should add) had spun around and was ass-end up in one of the neighbor’s front lawns. That seems a pretty good **metaphor** for the way my life is going right now.

As the author summarizes, this metaphorical story by itself involves a drama. The “spinning wheels” symbolize a state of out of control, as they “couldn’t get any traction.” The drama also involves a sense of unpreparedness, as the author writes, “...before I knew it...” By applying this metaphor of drama, the author further chooses words including “mystery” for describing his fever and “melodramatic” for his other life incidents throughout the whole writing.

In another post titled “Infected via oral sex - am I barking mad?,” the author writes, “I reasoned that it would be more likely for me to be hit by the **proverbial meteor** than getting infected via oral sex. So I indulged on that score. Guess what? I lost out on that risk assessment.” Metaphorically, the “proverbial meteor” shares the same property with the “spinning wheels;” they both indicate the unprepared mindset and the uncontrolled situation. Such metaphorical thinking may lead to questions like “Do you think I am being ridiculous?,” “Is my Doctor a complete optimist?,” and “so why does my doc tell me at six weeks everything is fine?.” Within these questions, there lie both negation and resistance combined with an unwilling affirmation of the disease.

### **HIV/AIDS is Darkness**

Metaphor of darkness is also found common in the posts. The following examples use words of “light,” “darkness,” “dark abyss,” and “dark time” among others to refer to different situations:

“My cousins think that the more people who visit the more he may be able to **‘emerge’ from the darkness.**”

“I thought I was just about to **get out of the dark abyss** that I have been in for the past few months only to **fall into it deeper** today.”

“it was a very **dark time** mentally, since these symptoms never let me stop worrying. it was already a part of my existence.”

As in a dichotomy, light has often been used as a symbol for life, passion, hope, and the future, while darkness has often been used to symbolize death, mystery, ignorance, and despair. Therefore, light has been embedded with positive connotations and darkness on the other hand with negative ones. This classical set of metaphors is well demonstrated in Plato’s Allegory of the Cave, where he used the cave (darkness and shadow) as a metaphor for the reason of ignorance and illusion, compared to the sun (light) as knowledge and illumination. The opposite metaphors indicate a clear division of two worlds, one of life without HIV/AIDS and the other one with it. Therefore, it is the disease that defines the world and its meaning. Along with this metaphorical thinking, HIV/AIDS throws life in the darkness or the abyss, and people need to cope with or struggle to change their situations. The oriental metaphors also indicate struggles, in which “emerge,” “get out of,” and “fall into it deeper” indicate an endless scale of different levels of uncertainty and anxiety.

### **HIV/AIDS is Dream**

If the metaphor of drama implies both negation and affirmation, people actually already accept the facts in their lives, though to different extents. However, when they use the metaphor of dream, they are more likely to escape the reality and pretend one day



they may wake up and the dream will have an end. In the following examples, people refer to their situations as dreams, sometimes more specific as nightmares:

“i cant believe it, it seemes like i was in a **dream**, and 8 years later and am not ok with my hiv status ??!”

“When I wake up, I then realize it’s not a **nightmare** but my new reality and my heart is crushed. It hurts so so deep.”

Dream as a metaphor in perceiving and constructing HIV/AIDS implies the desire for concealing and depressing the disease, since people often have dreams and always wake up and believe dreams are irrelevant to reality. No matter how sweet or scary the dreams are, they could not be true. When life is a drama, people have to play it; while when life is a dream, people still have chance to get back to reality. In such sense, we may notice the strongest negation of HIV/AIDS in one’s life. Due to the fact that AIDS conditions may vary drastically on different individuals, people may always question their test results and wait for the wake-up moments.

### **HIV/AIDS is War**

The war metaphor has been widely studied in different contexts, which inspires false hopes of the rapid “conquest” of this condition and paralyzing fears of imminent catastrophe. People speak of the battle with AIDS and vow to fight it. A war, as Sontag noted, involves an enemy, soldiers on both sides, weapons, and a struggle to win. Also, the war metaphor suggests an outcome: the idea that the war will end in victory or defeat. On the one hand, the war metaphor promotes fantasies of complete victory. On

the other hand, it encourages the equally problematic image of unconditional defeat. In the following examples, people use words of “fight,” “battle,” “loser,” and “failure,” etc.:

“Go out. We will **fight** against everything and you will have our support. Please smile.”

“His friends email me and tell me how I am such a fucking **loser** and how I should jump off a bridge or a building.”

“I feel a hole in my chest that aches more than I can bear. I feel like a complete **failure**. I want it all to end.”

“Unfortunately, my fear and paranoia are, for the moment, winning this **battle**.”

Different from the metaphors of drama, darkness, and dream, the war metaphor implies acceptance and positivism rather than negation and perplexity. However, the consequences of the misconception are also revealed, since people may either build up determinations or defeatism when they are in the battle. Along with this metaphor, people deserve support and smile if they keep on fighting; otherwise, if they give up, failure and a bitter sense of loser will consume all the reasons and hopes for living. After a long battle, the question finally comes, “then I wonder why I should keep on fighting.” The identification with failure and loser could only add up pessimistic feelings.

### **HIV/AIDS is Mistake**

To make a mistake is to do something that is deemed wrong in a given society. A mistake is directing to some consequences that should not happen without the mistake.

The metaphor that associates life with mistake takes up the premise that there is a right way of life, and one mistake could change the right path to a wrong one, which is undesirable and is avoided both unconsciously and consciously. The mistake therefore takes up the meaning of guilt and regret. Once people admit their mistakes, they also start to live in the shadow of guilt and shame, not from others but first from themselves. In the following cases, people refer their infection of HIV/AIDS as a mistake:

“It only recreates the regret. I made a **mistake**. I slipped up. But I have had a wonderful life and I have always lived with intensity and passion.”

“I suppose it’s my **fault** because of the morals (lack of? lol)”

“Please forgive my **blunder**. Thank you for pointing out the obvious.”

The consequences of applying this metaphor may lead to two directions. One leads people to withdraw from society, being reclusive and isolated. AIDS as a mistake is also kept inside as a secret. Several posts reveal the use of words including “my own journey,” “disappear,” and “die alone.” The other one leads people to seek for redemption, taking the assumption that mistake could be erased at the expense of other conducts. However, within the posts analyzed in this study, the metaphor of redemption is not common.

The extreme taking of the mistake metaphor may lead to thought of hatred and suicide. The mistake has already put life on a wrong track, if there is no way to change the situation death seems to be a better choice than suffer. As one person writes, “i talk to my therapist about my frustration and anger and how much i would love to die or kill myself before i start having side effects from the medications that am on.” In this case,

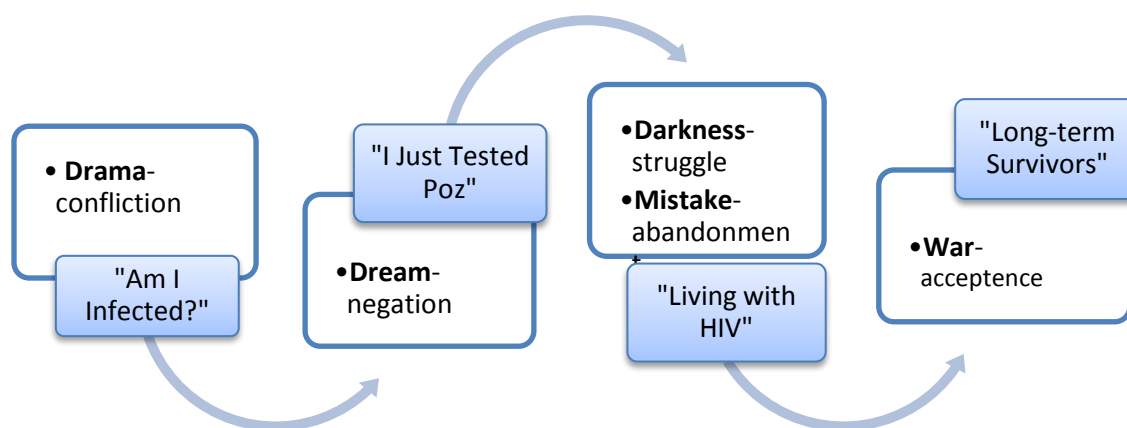
side effects have generated much more fear than death, which are not only about physical suffering, but also about the lasting psychological turbulence.

When Sontag wrote her book in 1989, HIV/AIDS was deemed as a shame, “the shame linked to an imputation of guilt; and the scandal is not at all obscure” (p.112). In this sense, such a shame could be further traced back to Foucault’s (1975) discussion on the “condemned body,” which idea transits the punishment from a public spectacle to a private execution. Thus, words as “my own journey,” “disappear,” and “die alone” could be deemed as resonances to the self-condemnation. However, through reading the posts in their discourse contexts, I did not specifically see the traces of mistakes and condemnations referring to moral or ethical considerations. Rather, the notion of mistake, guilt, and regret simply refer to the carelessness in one’s choices of behavior. Thus, this kind of self-punishment and condemnation surrounding HIV/AIDS could be argued more as a remaining “ghost” of the history. Although it could still be sensed, it does not hold the exact same meaning as before. In summary, according to Foss (2009):

Metaphor does not simply provide support for an argument; instead, the structure of the metaphor itself argues. The metaphor explicates the appropriateness of the associated characteristics of one term to those of another term and thus invites an audience to adopt the resulting perspective. If the audience finds the associated characteristics acceptable and sees the appropriateness of linking the two systems of characteristics, the audience accepts the argument the metaphor offers. (p.301-302)

In this study, the writers not only write to the community audience, but also write to themselves. Beyond writing for argument and self-persuasion, such writings also function as a way for identification. In Burke's words, people seek to identify, through communication, in order to overcome separateness (Burke, 1969, p.21). All the metaphors sorted out from this study reveal different attempts to identify. In a nutshell, drama identifies with confliction, darkness identifies with struggle, dream identifies with negation, war identifies with acceptance, and mistake identifies with either abandonment or redemption. Through the process of identification, people respond to each other on the forum, forming various sub communities.

This preliminary differentiation among metaphors could be further mapped onto different stages of HIV/AIDS experience. From testing to affirmation, from living to death, people use different metaphors to cope with the illness experience. Figure 4.5 shows the most prominent metaphor identified in each of the forum boards. In the board "Am I Infected?" drama is the primary metaphor identified, which indicates that when people are first informed of infection risks, they may deem the situations as conflicting to their previous knowledge. In the board of "I Just Tested Poz," dream is the primary identified metaphor, which indicates that negation may be the first reaction to knowing one's test result as HIV positive. After the initial stages of confusion and negation, while people have lived with HIV/AIDS for a period of time, "darkness," "mistake," and "war" are then identified in the posts as indicating the struggle, abandonment, or acceptance in coping with the illness.



**Figure 4.5: Metaphors Identified in the U.S. Discussion Forum AIDSmeds.**

### Topoi Identified in the AIDSmeds Forum

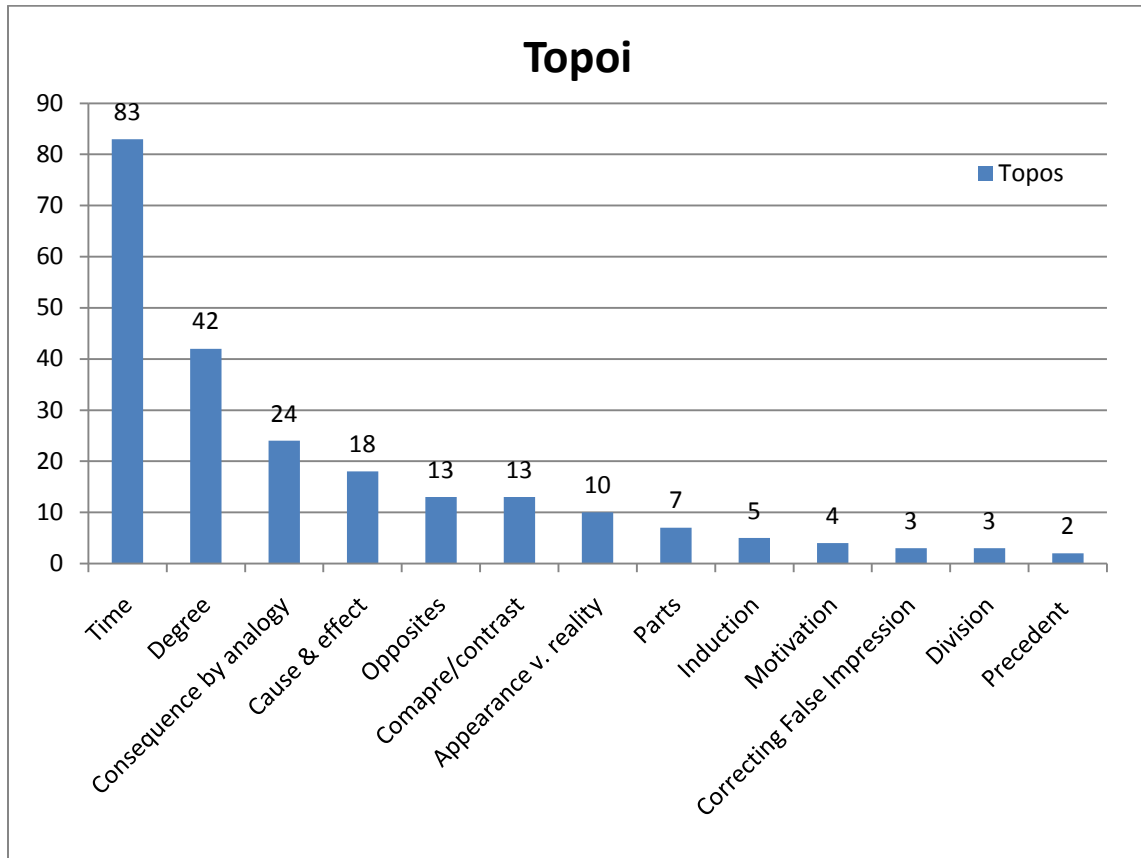
Table 4.1 displays the set of topoi identified in the analysis, each with an illustrative quote that exhibits at least one of the linguistic marker(s) associated with the topoi. 13 out of the 28 topoi are identified in the sample.

Topos	Illustrative quotes from the sample posts	Other linguistic marker(s)
Time	If he's no better tomorrow, then we're heading to the emergency room. Tomorrow too, I'll resolve to take all my meds (and just deal with the barfing it I have to) and not smoke any cigarettes.	before after ago next finally
Degree	She lived life to the fullest right to the end and fought this horrible virus with everything she had.	more/most deeper worse/worst longest
Consequence by analogy	I thought I was getting on top of my bills and was going to break even this month only to find several bills that had gotten lost in the shuffle and all of a sudden the light at the top of the abyss disappeared and the darkness has consumed all hope of getting on top of things.	like similar

Cause & effect	I am not sexually active all that often because I am extremely nervous of getting HIV from someone.	so since thus
Opposites	However, he is straight, I am gay, and we both got HIV through different routes of transmission.	otherwise but
Compare / contrast	Well... i haven't been often here for a while cause i have been in my own journey.... Although i have reached a point where i have some things to ask.	than yet
Appearance v. reality	Everyone thought that putting me in a mental institution was going to help, and it didn't. Just as I said it wouldn't.	seem feel like
Parts	I have reached a point where i have given up from all the things i wanted to do in life...professional career.... travelling.... make money.... looking for love....	include
Induction	He told me some sob story about how 3 people he has known have told him recently about being infected. Probably trying to make me agree that we shouldn't be together since he would be at risk too.	
Motivations	Have been visiting my psychologist often lately in order to fight a severe depression for couple of months which included suicidal thoughts.	on purpose to
Correcting false impressions	In fact, the whole thing gives the impression not that condoms could prevent cases like this, no, it gives the impression that hiv positive people should not even be touched and certainly should not have relationships.	actually
Division	But there is still, to my mind, a difference between "low risk" and "no risk".	
Precedent	I have had unprotected anal sex in the and I could just as well have been infected that way.	previous it has been

**Table 4.1: Topoi Identified in the U.S. Discussion Forum AIDSmeds.**

The total number of topoi identified in the sample posts from AIDSmeds is 221. In Figure 4.6, the accounted numbers of all topoi appearing in the posts are displayed. Three topoi are more commonly used, and each of them accounts for at least 10% of the total use. Time, degree, and consequence by analogy are the top three used topoi in the posts, whose contents vary from discussion on HIV/AIDS test to strong emotional expression. Detailed explanations of the three topoi are then presented to provide a specific angle for understanding the shared rhetorical strategies for ordering and constructing individual experiences with HIV/AIDS in the AIDSmeds community.



**Figure 4.6: Statistics of Topoi Identified in the U.S. Discussion Forum AIDSmeds.**



Time is the most used topos among others. The basic argument by time is that since B was promised upon the completion of A, now that A has been accomplished, it's time to deliver B. Time is a basic element in narratives and it functions to construct the skeleton of a story. The sequence of events in a narrative is organized around time frame, which is predominantly linear in the western culture from intercultural communication's perspective. "Western cultures think of time in the linear sense of a flow from the past to the present to the future. It is said that the idea of linear time became commonly accepted as we became more aware of change – that is, aware that things were different before change and after change" (Jandt, 2009, p.117). As an acquired immune deficiency syndrome, it is generally believed that the cause of AIDS could be precisely identified with a specific incident, such as sexual intercourse and blood transmission. Therefore the primary function of using the topos of time in the posts is to identify the exact incident of infection. Knowing the time of getting infection is as important as knowing the reason for getting it. By tracing how they possibly get infected, people are able to rationalize the disease in their lives to some extent. Tied back to the metaphor of drama and mistake, time also functions to explain confusions and attribute responsibilities. As in one post titled "My husband gave me HIV," the author traces their stories and concludes that "what I can't handle is the fact that this could have been prevented, that he did not put his family first." This belief in prevention is largely depended on her recognition of the moment or time period of possible infection.

Degree is the second most used topos in the posts. Degree refers to the strategy of assigning things relative positions on a dimension. It inherently contains comparison in

value or quality, which fundamentally assists us in interpreting our life experiences, since we always need some contexts to locate ourselves and other objects along with a continuum in the society. Such continuums are usually constructed by cultural, social, and political conventions in a broad sense. In the 1980s, HIV/AIDS was deemed as a disease transmitted from the “polluted other” who was classified and repressed at the bottom of a sociocultural hierarchy. Today, after years of public health efforts and social movements, HIV/AIDS has been largely demystified and acknowledged by the public in American society. Revealed in the posts, the topos of degree is not often used in comparison between people who are positive and those who are negative; it is rather primarily used to assign relative meanings for one’s life before and after of HIV infection, in which, the comparison happens only within one person. As discussed in the metaphor, HIV/AIDS could largely change one’s life attitude and perspective, thus, various uses of degree topos permeate the whole discourse. Paired words include “better/worse,” “more/less,” and superlative word forms as “worst,” “deepest,” and “longest” are often used embedded with strong emotional expressions.

Consequence by analogy is the third most used topos. It argues for conclusions in two related cases based on a shared premise or key property. It is also closely related to the argument by metaphor, which functions to establish the shared premise or property at first hand. By large, the relationship based on a shared premise is usually quite arbitrary, though seems common and neutral in a confined community, as Zilberman, et al. (2006) pointed out, analogy is a real curse of Western philosophy since no general judgment or premise exists in nature. Therefore, all consequences by analogy suffer from uncritical

deduction, which would fall into a paroxysm of interpretation (p. 45). Although the general accepted premise may be established in a society as true, there are still opportunities for overturning it by providing alternative explanations. One analogy thus could be argued for different consequences as well. Revealed in my analysis, a major premise for analogy is constructed on the belief that “AIDS is a death sentence,” therefore, some people consequently develop suicidal thoughts. However, there are still the majority of people who keep positivism and try various alternative treatments.

Since the other topoi, such as “cause & effect,” “opposites,” and “motivation” are used much less than the above discussed three in the whole sample posts, and they don’t hold specific significance for comparison with the Chinese analysis, thus they are not discussed in this study.

#### **4.4. Conclusion**

This chapter examines the rhetorics of HIV/AIDS on the discussion forum AIDSmeds informed by both historical and cultural contexts of HIV/AIDS in the U.S. After three decades, HIV/AIDS has been demystified and accepted by the American public to a great extent; however, uncertainty and fear are still demonstrated in the forum. AIDSmeds as an online community for people living with HIV/AIDS gives great respect to its participants and has provided both informational and supportive functions. Regarding the rhetorical analyses, five metaphors including drama, darkness, dream, war, and mistake are identified. They together construct the whole picture of people’s illness experiences with HIV/AIDS. Thirteen topoi are identified. The most used three ones suggest that the

construction of HIV/AIDS is highly associated with the Western linear time conception and the historical conventional perception of HIV/AIDS in the society. Today, the stigma of “gay plague” is no longer dominating the public discourse, but the prevailing analogical thinking may greatly restrict people’s perspective scope in positively developing alternative mindsets and finding treatments.

## **CHAPTER FIVE**

### **STUDY OF THE CHINESE FORUM ZHIAIJIA YUAN**

Following chapter four, this chapter conducts the same cultural rhetorical study focusing on the Chinese discussion forum ZhiAiJiaYuan. Due to different political and sociocultural infrastructures, HIV/AIDS has taken on different meanings and connotations in the Chinese society. In an effort to describe and further compare the various rhetorics constructing people's living experiences with HIV/AIDS in the Chinese contemporary social context, this chapter presents another round of metaphorical and topical analyses based on posts selected from the Chinese discussion forum. The identified patterns of metaphors and topoi will be discussed further for the comparative analysis in chapter five.

This chapter starts with a brief review on the history of HIV/AIDS in China. What follows is a specific analysis on the context and structure of the discussion forum ZhiAiJiaYuan. The rest of the chapter presents the findings from examining the salient metaphors and topoi applied as rhetorical arguments based on a sample of 50 posts selected from five representative boards in the forums of "Consulting and Care," "Test and Self-test," "Psychological Counseling," "Rainbow Tribe," and "Emotion Expression." The topics cover issues of AIDS phobia, family crisis, self-confession, and

gay identity (*tong zhi*<sup>4</sup>), etc. My analysis of the metaphors and topoi proposes a set of rhetorical constructions of HIV/AIDS with explanations based on their political and sociocultural bases. This chapter concludes with a brief discussion on the constraints and possibilities of applying alternative rhetorics in perceiving and constructing HIV/AIDS in the Chinese society.

### 5.1. HIV/AIDS in China

The first HIV infection was probably introduced into China in 1985 from a foreign traveler (Zeng et al., 1988; Zheng et al., 1989). From 1985 to 1988, the epidemic involved a small number of imported cases in coastal cities — mostly foreigners and overseas Chinese. By the end of 1980s the first outbreak of HIV infection was observed among rural Injection Drug Users (IDUs) on the border areas between China and Myanmar (Ma et al., 1990), the infection soon spread to the sexual partners of IDUs and their infants. Since the middle 1990s, China has entered a rapidly increasing phase of HIV/AIDS infection due to commercial plasma donors in rural communities in several provinces (USEST, 2001; Wu, Liu, & Detels, 1995; Zheng et al., 2000). In some villages

---

<sup>4</sup> *Tong zhi* is the most popular contemporary Chinese word for gay people. The word, which has very positive historical references, was a Chinese translation from a Soviet communist term, “comrade,” which refers to the revolutionaries who shared a comradeship. The term *tong zhi* was appropriated by a Hong Kong gay activist in 1989 for the first Lesbian and Gay Film Festival in Hong Kong. The reappropriation is widely accepted by the community for its positive cultural references, gender neutrality, and desexualization of the stigma. Within a few years, it became the most common usage in mainland China, Hong Kong, and Taiwan, though the English word “gay” is still commonly used, sometimes interchangeable with *tong zhi* (Zhou, Huashan. 2000. *Tongzhi: Politics of Same-Sex Eroticism in Chinese Societies*. Routledge).

in afflicted areas, more than 70% of the population was infected with HIV (Liu et al., 2000). Along with the commercial plasma donors, IDUs and commercial sex workers also became major infected groups.

What makes the epidemic in China different is that the epidemic was first seen as consequences of contact with the West. One interpretation of AIDS's Chinese name "*ai zi bing*" was translated as "loving capitalism disease" (Bureau of Hygiene & Tropical Diseases, 1990). Thus during the early stage, Chinese Health Ministry concentrated its prevention efforts on the risks of infection from abroad, and the epidemic in rural areas had been neglected to a large extent. Due to this underlying ideological bias, HIV/AIDS was believed as product of the "corrupt Western life." As evidences for this belief, Bonacci (1992) found that the coverage of AIDS in many Asian countries, including China, had been infused with consistent themes including denial and blame attribution. The media consistently emphasized the disease in term of "otherization," claiming that AIDS was imported into the country through contact with Westerners (Tong, 2006, p.6). The government's initial response to HIV/AIDS involved strong discrimination on different groups of patients in terms of infection routes, which include blood selling, blood transfusing, drug abuse, and commercial sex. Only the "innocent patients" who were infected through blood selling were provided free HIV test and medication at the beginning of the epidemic (Guo, 2009), while other groups of people were largely neglected and stigmatized.

Such official agenda and attitude lasted until 2001, when United Nations finally warned China that it "stood on the brink of an explosive AIDS epidemic" (UN, 2002).

Since then, the Chinese government promised to fight the disease and to spread epidemic information to every corner of the nation. China's news media had then been suddenly overflowing with stories about AIDS, from patients' testimonials to a fictional television drama about HIV positive people ("Suddenly, AIDS makes the news in China," 2001). In 2003, largely due to the impact of SARS on political and socioeconomic stability, the Health Minister's change in attitude was evident. A famous Chinese actor Pu Cunxin was appointed as the first ambassador in the country's campaign against HIV/AIDS to increase public awareness about the epidemic. Through all kinds of televised programs, Pu talked and shook hands with the patients to convince people to be more tolerant towards HIV/AIDS patients and to show greater support for the AIDS-control campaign ("Pu Cunxin," 2003). Also, on World AIDS Day the same year, Wen Jiabao became the first Chinese premier to shake hands with an HIV-positive person ("Handshake seals shift," 2003). By the end of 2003, China launched a policy called "four free and one care" which provides free blood tests for those with HIV, free education for orphans of AIDS patients and free consultation, screening tests, and antiretroviral therapy for pregnant women ("Capital strengthens AIDS prevention and control," 2008). Since then, though the government has initiated several public campaigns and policy changes, in practice, education and prevention programs were still not given adequate attention at the local level. The support for laboratory and epidemiological research was also low. Furthermore, education and prevention were interpreted by the majority of those involved as mere dissemination of educational folders, pamphlets, and fliers (Shen & Yu, 2005).



According to the 2010 UNGASS Country Progress Report, by the end of 2009, a total of 326,000 cases of people living with HIV had been cumulatively reported in China. Of the 740,000 people estimated to be living with HIV, the percentage infected through sexual transmission reached 59.0% and 44.3% were infected through heterosexual transmission and 14.7% through homosexual transmission. Of those infected through heterosexual transmission, around 1/3 were infected through spousal transmission, and 2/3 through non-spousal transmission. Among the 48,000 new infections estimated for 2009, heterosexual transmission accounted for 42.2% and homosexual transmission for 32.5%. This is a significant increase compared with the 2007 estimates, where 12.2% were infected through homosexual transmission. Therefore homosexual transmission has become a very significant mode of transmission for new infections in recent years.

It has been widely assumed that the Chinese culture features abstinence, family values, and hesitating about speaking of sex. Many scholars believe these factors are the main sources of stigma related to HIV/AIDS since the disease is still linked to sexual deviance among the general population in China (Chen, 2005; Liu et al., 2006). Furthermore, homosexuality has long been classified as mental illness until 2001, when the Chinese Classification of Mental Disorders formally removed homosexuality from its list of mental illnesses (“Quite pink revolution,” 2005). Although there is no law against homosexuality, it is still a controversial topic in socially conservative China, as reported, “country dwellers do not often speak of homosexuality, and when they do, it is usually considered a disease” (“Urban China,” 2005). According to the 2009 Report on

Discrimination Against People Living with HIV in China, discrimination is still common and most people will not choose to disclose their HIV statuses to families and close friends in order to protect themselves. 80% among the surveyed people indicate they have only consulted local CDC or non-government HIV/AIDS organizations for medical and psychological concerns.

In brief, although the HIV/AIDS epidemic in China has stabilized in recent years, discrimination based on misunderstanding and moral judgment are still common due to insufficient education and prevention programs. The official rhetoric of HIV/AIDS presented on mass media is constructed in a “positive and dynamic pro-government frame” which features the success of prevention programs and the surface social harmony (Wu, 2006). While at the meantime, emerging online communications among people living with HIV/AIDS have provided new spheres for inquiries into alternative rhetorics of constructing HIV/AIDS experiences in the everyday life in China.

## **5.2. The Context and Structure of ZhiAiJiaYuan Discussion Forum**

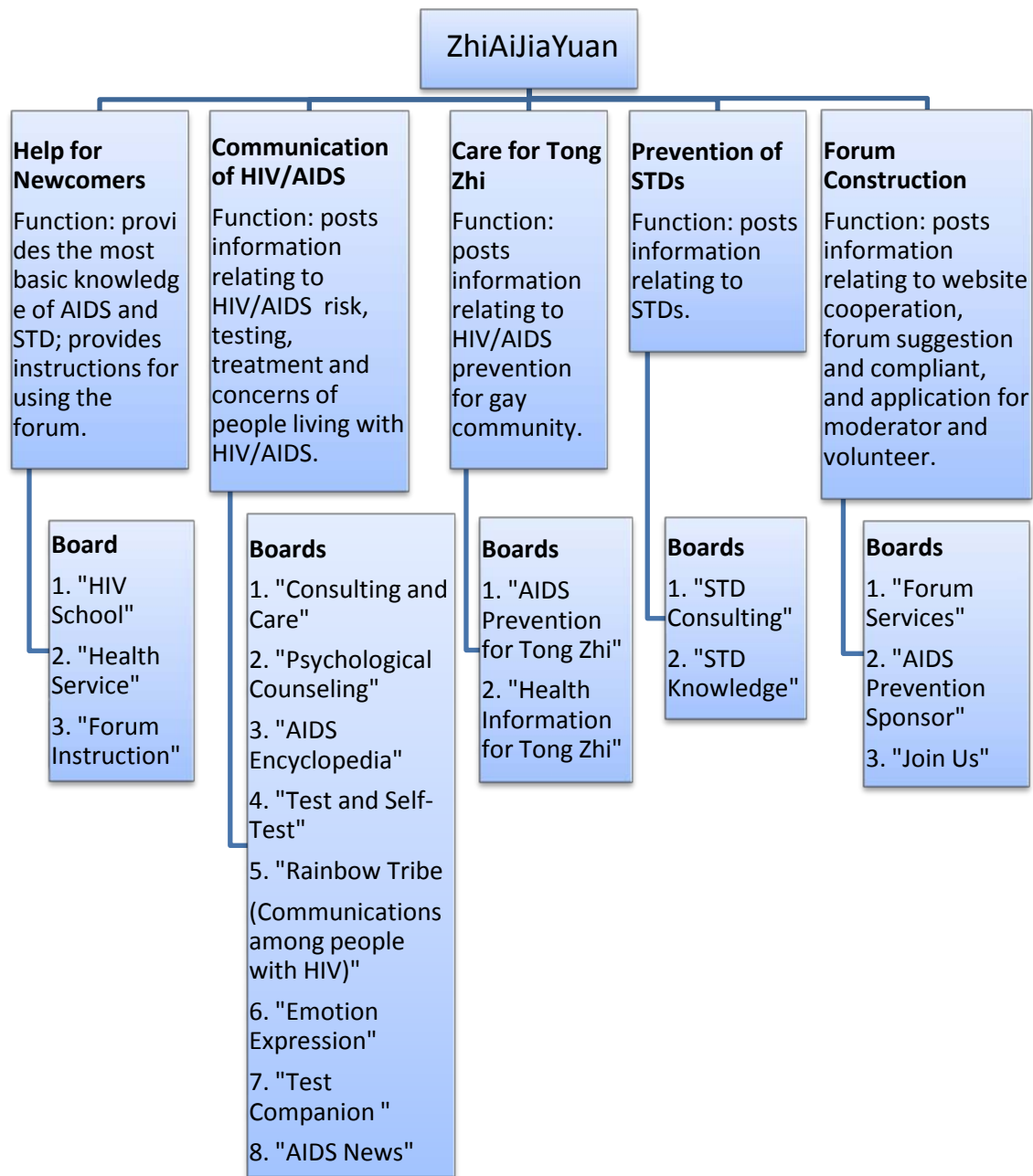
ZhiAiJiaYuan was launched in 2001, as the official discussion forum affiliated to AIDS China Online. AIDS China Online is a website which collects and posts HIV/AIDS knowledge, testing and medicine information, and HIV/AIDS news and policies in China. Different from AIDSmeds’s parent website, there presents no apparent information about AIDS China Online’s founding and backgrounds. Technologically, the website itself is not well constructed and maintained given many broken links and images; rhetorically, the contents on the website are quite restricted and outdated with the latest news updated

in 2009. The only updates shown at a corner on AIDS China Online are from its discussion forum ZhiAiJiaYuan. There is even not a salient connection between the website and its discussion forum besides the only links provided on both sites. To some extent, the derivative forum ZhiAiJiaYuan survives its parent website and gains popularity within the groups of people who are living or concerning about HIV/AIDS.

For ZhiAiJiaYuan, its Chinese name literally means “the home for understanding AIDS.” It claims to be a “professional HIV/AIDS prevention and care forum,” which provides an online platform for people to communicate about HIV/AIDS risks, tests, living experiences, and feelings. The forum is open to the public and has more than 24,400 members. Since 2001, it has already generated more than 381,000 posts. One important feature of this forum is that besides the public participants, there are also medical experts and volunteers who act as forum moderators and answer participants’ questions. They usually keep track of the posts and answer questions according to their expertise. Different from AIDSmeds’ moderators who are expert or experienced patients, the moderators on ZhiAiJiaYuan are medical experts and volunteers who are not necessarily patients. The moderators of AIDSmeds all provide their real names and life stories; while on the contrary, except for the title of expert and volunteer, there is little information testifying the moderators’ authenticity on ZhiAiJiaYuan. Though all the people participate in the forum under pseudonym identities, the moderators are highly renowned, and participants sometimes would directly call their ID names for help and answer. For example, one ID called “healthQQ” is one of the experts, and this ID alone

has generated more than 23,500 posts in more than 380 topics. This feature indirectly indicates that this forum lacks transparency in its working mechanism and regulation.

Regarding the forum structure, ZhiAiJiaYuan comprises five sub-forums, which are “Help for Newcomer,” “Communication of HIV/AIDS,” “Care for Homosexual People,” “Prevention of STDs,” and “Forum Construction.” Each sub-forum focuses on one function and each has its boards covering various specific topics. The whole structure is shown in Figure 5.1 with detailed explanations.



**Figure 5.1: The Structure of the Chinese Discussion Forum ZhiAiJiaYuan.**

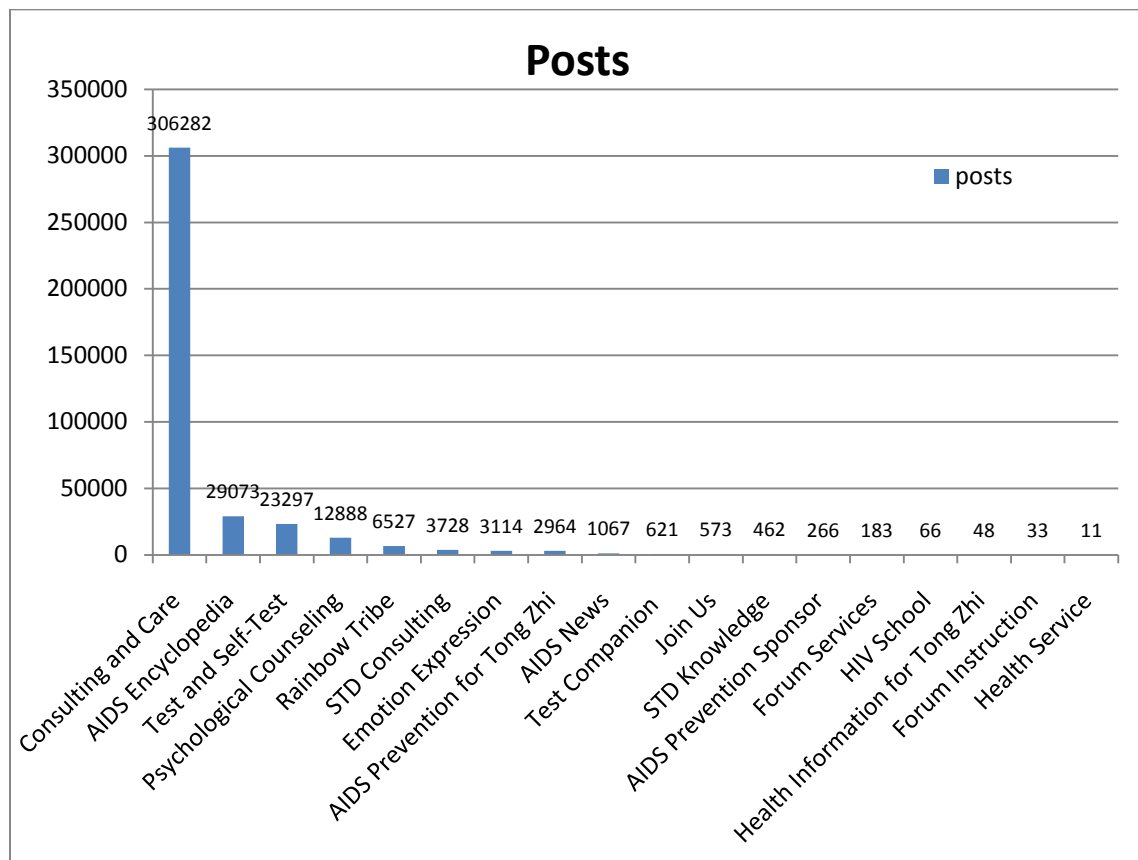
Different from AIDSmeds, ZhiAiJiaYuan not only features information and discussion on HIV/AIDS, but also on homosexuality and sexual transmitted disease (STD). Although HIV/AIDS is the major topic taking most of the content within the

forum, it is closely related to the other two issues in the public discourse. Thus I need to digress a little bit to mention the situation of STD and homosexuality in China in order to provide a more comprehensive context for discussing HIV/AIDS.

The epidemic of STD in China is primarily caused by commercial sex, and there's a great overlap of increasing rates of STD and HIV/AIDS among high-risk populations. In the public opinion, STD and HIV/AIDS are closely related two diseases, since both are generally attributed to and discriminated on deviant sex activities (Lieber et al., 2006). The official prevention slogan on AIDS implicitly ties these two diseases together under the notion of "preserving moral integrity" (Jones, 1999). Different from the close relationship between HIV/AIDS and STD in the public discourse, homosexuality is seldom exposed in the media and less mentioned in relationship with HIV/AIDS in official public health messages. The opportunities for AIDS education among homosexual population are severely constrained both due to official reluctance to address the issue and the invisibility of the community in society (Jones, 1997, 1999, 2002; Li, 1998; Wan, 1999). Although in recent years there is a more accepting stance towards homosexuality (Feng, 2001; Wan, 2001), as argued by Jones (1997) the community itself is sometimes too ambiguous to hold public visibility. The Chinese word *tong zhi* standing for gay men entails a more complex indigenous model which sees homosexuality as more of a locally contextualized activity than an identity informed by biological explanation or political stance from the Western perspective. Thus, many people may commit to homosexual behaviors but don't deem themselves as gay.

Provided with these backgrounds, the forum concurrently features the interrelated discourses of HIV/AIDS, STD and homosexuality in China. Instead of constructing HIV/AIDS as a chronic illness involving different stages on an individual level, the Chinese forum constructs the disease's meaning based on its transmission patterns. The difference in infection routes has thus exerted significant influence on social status and stigma associated with HIV/AIDS patients and their identities.

Statistics of total posts in each board were summarized to show their respective participation levels. The differences shown in Figure 5.2 give us a clear impression of the forum's emphases.



**Figure 5.2: Statistics of Posts in Individual Boards in the Chinese Discussion Forum.**

Revealed from Figure 5.2, we see the most participated board is “Consulting and Care” focusing on HIV/AIDS risk assessment, where participants write about their high-risk behaviors or situations to solicit evaluations and recommendations from experts, volunteers and other participants. Within this board, there is a primary theme or topic implicitly referred by the participants as AIDS phobia, and people who are severely disturbed by the phobia are called *kong you*, which literally means “friends with phobia.” Given the majority of participants in this board are *kong you*, one volunteer posts a summary of his understanding of AIDS phobia and related physical and psychological symptoms. He defines *kong you* as “people who have had high-risk or non-risk behaviors suspect themselves get infected by HIV/AIDS combined with anxiety, depression and obsessive compulsive disorder.” Currently there are not empirical researches or official documents stressing these phenomena in China, however, several news reports have revealed the widespread AIDS phobia in China (“AIDS phobia is spreading,” “Does AIDS phobia scare you?,” and “Thousands of netizens claim they have strange disease”), which is specifically communicated and revealed through the Internet, on various discussion forums and instant message groups.

Summarized from the posts in this board of the forum, this group of people presents the following characteristics: first, they have committed to high-risk behaviors with sex workers; second, they have developed different types of illness, including constant low-fever, diarrhea, skin rashes, and muscle soreness, etc.; third, they all feel guilty and shameful for the misconducts; forth, although many of them have tested negative of HIV in local CDCs and hospitals, they are skeptical of the results and insist



on retesting again and again. Some participants even choose to post pictures of their body parts and organs to accompany the written description of various symptoms. Figure 5.3 shows an example of such post.



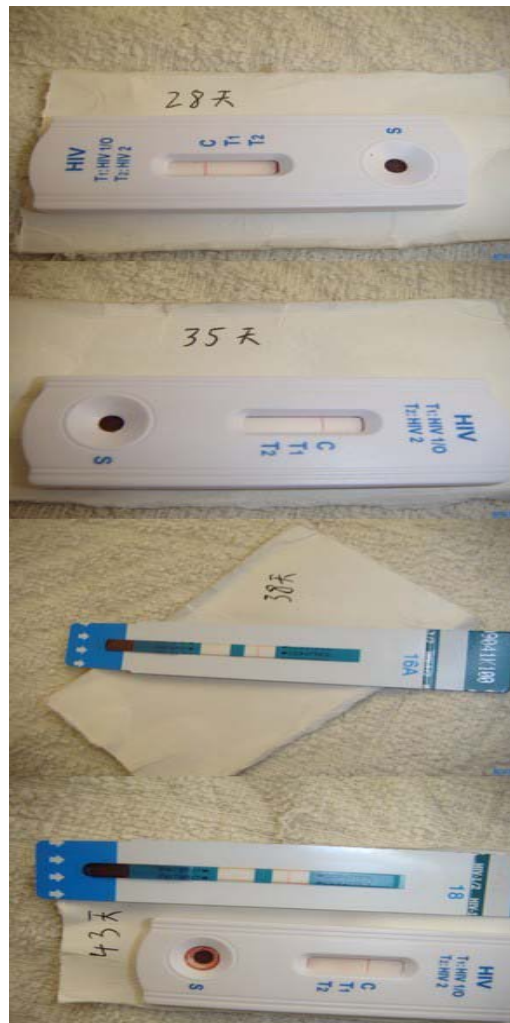
**Figure 5.3: Post Describing Symptom with Pictures.**

The post reads, “Wennuan Sister helps to see whether this is rash or folliculitis or whatever else. This occurs after high-risk behavior and the red area hurts when I press it with fingers.”

Given the prevailing distrust of test results, people turn to learn HIV/AIDS knowledge by themselves. This may explain the reason for “AIDS Encyclopedia” becoming the second most participated board. Discussions in this board are focused on the following aspects: criteria and types of high-risk behavior, transmission and infection routes, suspect syndromes, AIDS prevention methods, disputations on test theories and methods, research and advice from local and international scientists and experts, and personal testimonies on getting rid of AIDS phobia. Discussions in this board use both communal languages and scientific/medical terms. Many of the participants are well educated and some of them participate in both Chinese and foreign discussion forums. In one post titled “Haven’t been here for long, post one article translated from a Japanese research website to pacify people here,” the author indicates he’s studying in Japan and has recovered from AIDS phobia recently. In another post titled “cunnilingus after had protected vaginal sex- one article translated by me from the moderator Anna of American’s biggest discussion forum,” the author translates one article word by word from AIDSmeds in order to discuss the risks brought by oral sex. In responding to this post, other participants contribute related articles and opinions both in Chinese and English.

Similar to the situation in the top two boards, participants in “Test and Self-test” still post questions regarding test results from local CDCs and self-test strips. Expert moderators and volunteers would answer these questions in details with both scientific

and technical explanations, like how to use and read a self-test strip. However, revealed from the discussion, most people are skeptical of their test results. Many of the participants post pictures of their laboratory test sheets and self-test strips in order to let the experts and other people judge their statuses. In most of the cases, they are just seeking reaffirmation in order to get rid of AIDS phobia. One exemplary post titled “help me read, time to off (phobia)?” presents one picture of five test strips with results on different dates since the risk behavior.



**Figure 5.4: Post Showing Test Results.**

From the top to the bottom, the tests were conducted on the 28th, the 35th, the 38th, and the 43rd day after risk behavior.

Furthermore, in the board of “psychological counseling,” the majority of posts still focus on AIDS phobia resulted from high risk behaviors. Different from the other three boards, people write more in narrative and poetic style to express their enduring struggles in fearing or facing HIV/AIDS.

In summary, the Chinese discussion forum ZhiAiJiaYuan reflects the contemporary multifaceted ideology of sexuality and HIV/AIDS in China. First of all, the public discourse of HIV/AIDS is explicitly bounded with high-risk sex behaviors among men who have sex with commercial female sex workers and men who have sex with men. Most of their activities are one-night sexual encounters. Due to the lack of knowledge on the partners’ disease history, these people are usually prone to get HIV/AIDS phobia after they perceive any kind of physical discomfort. Such self-asserted phobia could be attributed to both the lack of knowledge on STD and HIV/AIDS and the deep rooted moral condemnation on deviant sex activities in the Chinese culture. Second, although the *tong zhi* community is still largely invisible in the Chinese public, their activities and ambiguous identities are presented on the Internet, forming their own discourse community. Third, there exists a prevailing distrust in medical tests and diagnoses. Participants in the forum prefer to believe more in unknown and unidentified online experts instead of their doctors and concrete diagnostic results. The exposure of pictures of body parts and sex organs further indicates that participants utilize the forum as a trustful place for medical diagnosis and treatment, which also enables them avoid

face-to-face encounters and physical examinations in hospitals. Forth, discussions on HIV/AIDS mostly focus on HIV testing and consulting with related psychological and emotional support. There are not many topics specifically referring to medication, long-term treatment, policies, and scientific research. In other words, the discourse on HIV/AIDS is more pragmatic in dealing with potential risk, prevention, and testing; less about medication, treatment, and living experiences on different health stages. The concern for HIV/AIDS largely stays at the prevention stage, while all the rest living stages seem to fall in a black hole, silently disappearing from the public discourse.

### **5.3. Rhetorical Analysis**

Given the preliminary analysis on the emphases of HIV/AIDS discourse revealed from ZhiAiJiaYuan, now I move to the rhetorical analyses to explore how and why HIV/AIDS is understood, interpreted, and constructed in the public online sphere. For comparison's sake, I selected five boards for data collection, which are corresponded to the U.S. forum, including "Consulting and Care," "Test and Self-test," "Psychological Counseling," "Rainbow Tribe," and "Emotion Expression." The findings are presented below.

#### **Metaphors Identified in the ZhiAiJiaYuan Forum**

A set of metaphors were identified in the ZhiAiJiaYuan forum. According to their thematic meanings, they were further grouped into four overarching metaphors, including metaphors of death penalty, punishment, rebirth, and fate.

## **HIV/AIDS is Death Penalty**

AIDS is not a single illness but a complex syndrome which leads to an open-ended list of various illnesses constituting the final death. From the biomedical perspective, HIV/AIDS indicates an earlier death by inevitably shortening one's life expectancy; however from the sociocultural perspective, HIV/AIDS implies another set of meanings on death in various contexts in China. On the surface, the phrase of "death penalty" metaphorically indicates that people infected with HIV/AIDS are put into court and given death penalty due to their "criminals." This metaphor inherently contains the moral judgment on HIV/AIDS exerted by social and cultural conventions.

First, HIV/AIDS is perceived and discriminated largely based on its close relationship with high-risk sex behaviors happening in prostitution. Officially, prostitution is illegal in mainland China. Since 2003, male homosexual prostitution has also been prosecuted under the law ("China court hears homosexual prostitution case," 2004). Although this kind of criminal is not severe enough for death penalty, its chance consequence of infection with HIV/AIDS metaphorically receives death penalty even not through a real court. This continuous analogous reasoning endows HIV/AIDS of great autonomy in exerting social judgments. In other words, invisible power judges through the voice of an "objective" disease and automatically gains justification. Phrases of "receive my death sentence," "find my name on the death contract," and "I'm sentenced to death penalty" are common among the posts.

Second, this death penalty may refer to the inability to have heir. Chinese culture's emphasis on family-kinship system has exerted great pressure upon both women

and men as they are supposed to get married and carry on the family line. One of the most influential Chinese philosophers Mencius said, “There are three ways of being unfilial. The worst is to have no heir.” Li (1997) argued that this belief appears most incomprehensible to many Westerners due to the fundamental difference between Confucianism and Christianity, as he discussed,

It should be noted that in Confucianism there is no Heaven to ensure an eternal life as is the case in Christianity. The Confucians have to look elsewhere for the meaning of life, and to satisfy the almost universal human desire for immortality. The place to find it, for the Confucians, is human-relatedness, which has many dimensions. One primary dimension involves continuing the family line. (p.220)

Therefore, the inability to have heir in this sense means the “death” of the whole family. Revealed from the posts, the following comments indicate this metaphorical meaning of death,

I have already being like this, what else could I do? Yes, children, wife cries because of children. I have already being like this, I can’t have my children. But heaven, why and why?! My parents have done nothing wrong, why couldn’t they have grandchildren?

Due to lack of knowledge and discrimination from the hospitals, people having HIV/AIDS are usually denied of medical surgery, especially in rural districts. Safe birth thus becomes impossible to many families living with HIV/AIDS. This frustration on fulfilling one’s family responsibility further complicates the meaning of death for HIV/AIDS in China.

## **HIV/AIDS is Punishment**

In the study of 209 market workers in an eastern coastal city, Lee et al. (2005) found that half of the participants believed that punishment was an appropriate response to people living with HIV/AIDS. Such belief in the punishment metaphor entails an external social gaze which enforces people to feel culpable of getting HIV/AIDS, because deviant or promiscuous sex behaviors are morally unacceptable and condemned in the society. In this sense, infected people could have nothing to say but just accept this punishment. At the same time, this metaphor inevitably generates an internal spiral of silence, which delineates and isolates people with HIV/AIDS since they themselves feel deserving the disease. Opposite to the “innocent” people who get infected through blood transfusion or donation, the “culpable” people encounter greater social and cultural impediments for disclosing or communicating about their illness, even with families and friends. In such a situation, the Internet becomes the only place where they feel safe and comfortable to disclose possible or actual infection modes.

To some extent, such punishment metaphor is even more acculturated by *tong zhi*, since their commitment to homosexual behaviors is at first hand deemed among the majority of society as against men’s cultural role and family responsibility. In one post written by a *tong zhi*, the author talks about his worries and fears of getting infected by HIV/AIDS with the following beginning, “I can’t ruin the family’s happiness...Mom’s concern reminds me of the pretty girl who proposes to me several days ago. If I could fall in love with her and get married, how happy mom will be...” The author then reflects on his promiscuous sex behaviors with several *tong zhi* in the past years, in the end he



writes, “Finally I was sent to the hell, but I feel I have been prepared for that punishment. I am not beaten, but I regret.”

In the responses to this post, other people also express their regret for committing to high-risk sexual behaviors, as expressed in this sentence, “Please forgive me, I will never conduct this again. I feel so guilty for my wife and children, please don’t punish them.”

Chou (2000) argued that the Chinese culture is not hostile to same-sex intimacy and does not divide people into homo and hetero (p.99). Many Chinese *tong zhi* stress that homosexuality is only one of the integral parts of life and many of them are also heterosexually married. In this context, what incurs the punishment is more about one’s failure in fulfilling social and filial responsibility and less about one’s own sexual orientation.

### **HIV/AIDS is Rebirth**

Closely related to the metaphor of death penalty, rebirth is another common used metaphor in the forum, as one of the monitors writes to people who have HIV/AIDS phobia in the following words:

When you are in fear of HIV/AIDS, I know your biggest fear is to leave your families and friends, especially your elderly mother. As sons and daughters, you haven’t had a chance to show your filial piety, so please pray for heaven to grant you a rebirth in order to repay the grace of your mother’s parenting.

This post has generated more than 41,900 views and 274 replies in echoing this sentiment, although most of the repliers have not yet been confirmed of HIV infection. This consensus in rebirth refers to the determination of people to regulate and discipline themselves, in words of the official discourse, to “preserve moral integrity (*jie shen zi ai*)” and never commit to immoral sexual behaviors again.

Frank (1993) discussed three modes of rhetoric in self-change through narrative study on illness experience. He identified phrases of “Who I always have been,” “Who I might become,” and “Reluctant phoenix without a turning point” to differentiate rhetorical modes of how and to what extent people make self-changes and rediscover identities through writing. In conclusion Frank applied a Foucauldian position and said, “The means to change your life may be rhetorical technologies of the self, but these technologies are as much resources enabling change as they are restrictions on change.” Revealed in the Chinese posts, there seems only one rhetorical mode asserting a consensus answer to the question of “Who I must become.” The means to change life in this situation becomes a constraining rhetorical technology leading to one unanimous direction. In other words, the rebirth through experiencing HIV/AIDS and its related phobia is detached from the personal context which holds the previous individual life and identity; instead the rebirth is strictly defined by the Chinese sociocultural and political convention and is further internalized by people. Therefore, the metaphor of rebirth in this context primarily refers to the conversion to the dominant ideology.

### **HIV/AIDS is Fate**

Fate, destiny, or life-giving is a rooted belief in the Chinese culture. Fate, to the Chinese, is a given, not an achievement (Tung, 1994). Traditionally, a person may be believed to have a good or bad life depending on what kind of fate he has upon birth. Chinese usually attribute problems to destiny or beyond one's control — and take an external locus of control to explain events (Wong & Piran, 1995). The metaphor of fate in HIV/AIDS discourse has been discussed by Fortes (1983) when the epidemic initially emerged in West Africa. The fate indicates that if it were the time to die, then changes in sexual behavior were unlikely to be of any help; if it were not, then one could take risks with impunity. However the Chinese believe in fate as well, the fate is more dynamic in contemporary culture that has been largely influenced by other philosophies, which becomes a mixture of three major elements: traditional culture, communist ideology, and western values (Fan, 2000). Revealed in the posts, fate as an external locus of control usually appears together with individual will and choice. The fate metaphor acknowledges both free will and external control, which could be further argued as political, social, and cultural constraints. The metaphor thus emits a fundamental tragic sense of paradox and conflict residing in between the individual and the society. One example post writes, “I have nothing now. I could just accept the arrangement of my fate. My future plan is to work harder and earn more money and give it to my baby.” The other one from a *tong zhi* author expresses a stronger sense of having no choice in the society, “Finally I can't escape the fate of breakup. Though we could choose to be together, there are family and social problems. After all, society is real, especially in China.” Therefore, in this sense, fate as a metaphor is no more as believed as an obstacle

for behavior change. Rather, it reveals a continuous tension between the individual and the social culture. HIV/AIDS as a disease symbolically and powerfully serves as the last straw enforcing one to accept the “fate.”

In summary, the metaphors identified in the Chinese forum signify a dynamic struggle between the external and internal control over one’s symbolic life and death. The external control exerts conventional power through discourses of heaven and fate. Due to its irrefutable essence, this “myth” survives the history of all kinds of ephemeral ideologies in China, and this control becomes an essential part in constructing Chinese medical rhetoric. While on the other side of the struggle, internal control exerts power through self-discipline. When the “punishment” is constructed as a natural consequence of social deviance, the self becomes the locus for preserving ethical responsibility. In this rhetorical situation, the political ideology hides itself deeply behind these two seemingly powerful controls, while it could and should participate and intervene in the rhetorical construction of HIV/AIDS on an individual basis in China. In other words, the abandonment of rhetoric is also a way to exert power, even in silence.

### **Topoi Identified in the ZhiAiJiaYuan Forum**

Following the procedure in the first study on AIDSmeds, 11 out of the 28 topoi are identified in the Chinese sample. Due to the different characters of Chinese rhetoric, there are “new” topoi that could not be categorized in Aristotle’s scheme. In such case, I first tried to find concurrences of that topos within the whole sample to see whether it was appearing commonly enough to function as a “new” topos in the context of online

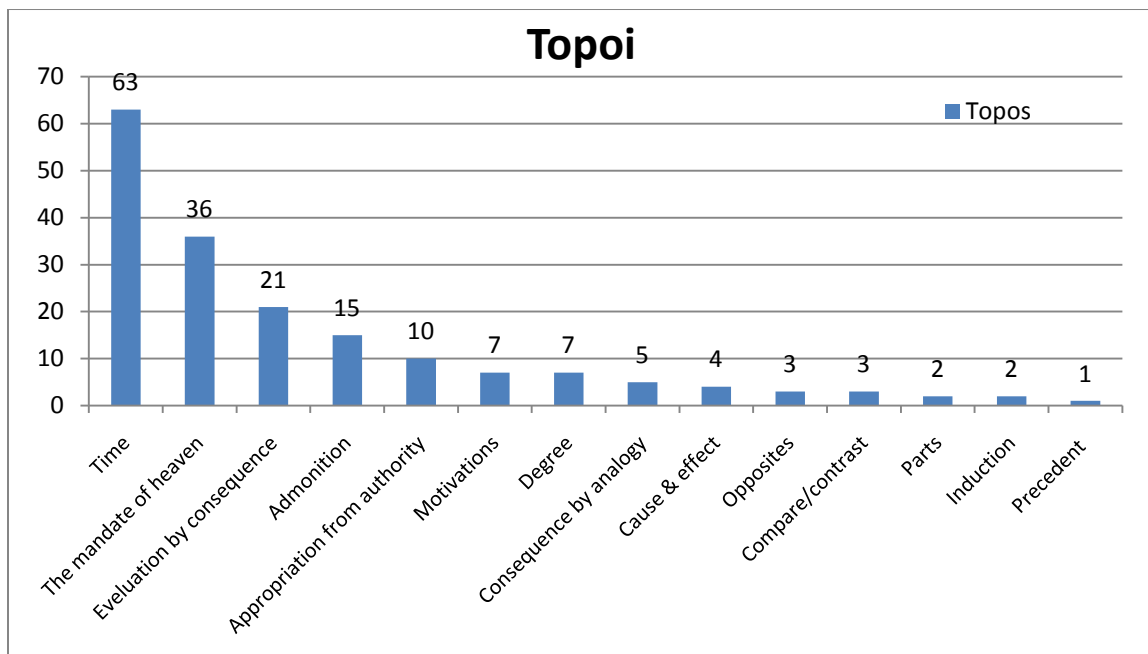
discourse, and then suggested a name for it informed by previous comparative rhetorical studies. Three “new” topoi are identified in the sample. Table 5.1 displays the set of topoi including the new ones listed at the top with illustrative quotes. Linguistic marks are not discussed here, since all the quotes are translated from Chinese to English.

<b>Topos</b>	<b>Illustrative quotes from the sample posts</b>
The mandate of heaven	I have promised a lot, and begged a lot in front of Bodhisattva. Bu I think even heaven will not let me go.
Admonition	Everyone should preserve moral integrity (“jie shen zi hao”), don’t be like me, there’s no medicine for regret (“hou hui yao”) in the world!
Appropriation from authority	Since the dawn of time everyone will die, you should not die in the phobia.
Time	I have already bought potassium cyanide. I’m just waiting for the test result six weeks later, and then I will kill myself.
Degree	If we work harder and earn more money, we could take better medication, and the treatment will be more effective.
Consequence by analogy	HIV is the ghost dwelling around in my mind all the time.
Cause & effect	I seldom eat with my families, because I’m afraid I will bring the virus to them.
Opposites	All the symptoms are same, how come I’m still tested negative?!
Compare / contrast	My wife is beautiful and young, she loves me very much. My parents are nice as well. I’m very happy to have this family; however, all will be destroyed by my AIDS.
Parts	I got acute symptoms three days later: two lymph nodes, mouth sores, persistent low-grade fever...
Induction	After I read Li Jiaming’s story, I become more fearful than before. I could just get infected like him for many times.
Motivations	Under her persuasion, I decide to test in order to know the truth

	before I die.
Precedent	I was infected of Hepatitis B by her before, and I know I would be infected by HIV as well for long. I have been living with her for one year!
Evaluation by consequence	If people have stable family and fixed sex partner, they will not transmit the disease to others. Why our country does not think this way? If we could have our own family instead of being abandoned, we will definitely value our life in every aspect.

**Table 5.1: Topoi Identified in the Chinese Discussion Forum ZhiAiJiaYuan.**

There are 179 topoi counted in the whole sample of Chinese posts. Among the above 14 identified topoi, time, the mandate of heaven, and evaluation by consequence were counted as the three most used topoi in the posts. They all present specific rhetorical strategies utilized in the Chinese discourse on HIV/AIDS. Figure 5.5 shows the specific number of each topoi's appearing frequency identified within the sample.



**Figure 5.5: Statistics of Topoi Identified in the Chinese Discussion Forum.**

As the same as discussed in the topical analysis on AIDSmeds, time is also the most used topos in ZhiAiJiaYuan. Time points serve to construct the important coordinate system for understanding and interpreting one's illness. When does one have certain behaviors and observe specific symptoms are of great significance in identifying possible origins and pathological changes in the illness. However, different from the American posts that disclose a comparative shorter time period of self-examination, the Chinese posts usually discuss the illness covering a much longer time period which could start from childhood or first love experience. For example, in one post titled "Write after my boyfriend and I tested HIV positive," the author starts writing of how he was frail in the childhood, "I have always been frail since childhood. I often needed to take penicillin for various inflammations. Since I was susceptible to many kinds of virus and disease, I was very thin as well...Maybe it is my fate."

Then the author goes on writing about his love stories with three boyfriends in college, although they are not directly related to his later infection of HIV/AIDS. Huang (2002) discussed this mode of Chinese rhetoric as chains of reasoning, which is developed from the ancient "Chinese sorites," referring to a series of linked statements that resembled a chain of incomplete syllogisms arranged so that the conclusion of one syllogism forms a premise of the next (p.171). In this example, the author forms the argument that he is destined to get HIV/AIDS because of the seeming chains of reasons supplied by previous experiences.

The mandate of heaven is the second most used topos in the Chinese posts. It is originally referred to the responsibility heaven placed on a new emperor. "Throughout

Chinese history, transitions from one dynasty to another had been legitimized by a rhetoric topos called t'ien ming" (Huang, p.98). The mandate of heaven serves as an ultimate excuse for people to explain and further rationalize changes in life, which also secures the status quo of the political and social structure. When people apply the mandate of heaven in their own discourse, they try to explain to themselves that all things are planned by the heaven. Thus, they are not fully responsible for the choices made in life. One common phrase used in this topos is "mandate of ghost and god (*gui shi shen chai*)," which refers to the situation that one unconsciously conducts "wrongdoings" under the mandate of the evil ghost. In the following example, the author explains why he feels poised after getting his test result, "No matter what I do, right or wrong, all is determined by the heaven. I felt calm and poised in wait for the result...I don't know how I went to that place under the mandate of the ghost."

To a certain extent, this topos leaves out the ethical consideration both at personal and societal levels. In Burke's words, there is no place for asking the question of "thou shalt, or thou shalt not." Everything is just meant to happen. However, it is important not to isolate this topos from its discourse context. Although the mandate of heaven seems to perform the ultimate power of control, as discussed in the metaphor of fate, this control would also be weakened by other conflicting arguments. In the same example, the author also talks about his regret in the later part of the post, "I stood alone in the street. At that moment, I could no longer bear all of this. I broke down, and all the emotions and tears just overwhelmed me. Death, fear, regret, helplessness, sickness..." The mandate of



heaven therefore is often applied together with self-discipline. To a large extent, it is more applied as an emotional tool for self-persuasion and consolation.

Evaluation by consequence is the third most used topos. It refers to argument that treats effects/conclusions as grounds for evaluation. Usually, the consequence is easily predicated based on knowledge of previous cases provided by both public health programs and mass media. As noticed by Guo (2009), “in fighting HIV/AIDS epidemic, the government at all levels in China often apply the strategy of scaring people away from contracting the illness” (p.8). In the public discourse, there is no other way than preserving moral integrity to prevent HIV/AIDS, since any kind of prevention method is warned to be subject to failure. In one example discussed by Jones (1999), the warning attached to a condom reads, “properly using condoms can reduce the chances of contracting AIDS, but it is not foolproof...When they fail in the prevention of AIDS there is no turning back” (p.166). Physical and emotional suffering, social discrimination, loss of jobs, isolation from families, and no chance to have own children are all the perceived consequences of infection of HIV/AIDS in the public belief. In one post, the author talks his fear in facing the consequence of getting HIV/AIDS, “actually, I am not really afraid of illness and death. I’m afraid of all the things around. I can’t let my wife leave me, because she’s the only support in my life.” The fear for future consequences rather than the disease itself usually scares people to the most, and all the underlying stigma, discrimination, and isolation are important aspects for constructing the HIV/AIDS phobia in China. Many of the authors indicate they are so afraid of getting test, since sometimes it’s better to be ignorant than knowing their HIV/AIDS statuses.

Regarding the other two new topoi identified in the posts, admonition refers to the slogan-style advice, which could be argued as formed and widely practiced during the Chinese Cultural Revolution, when political slogans were used to simplify complicated issues, unify public thought, and agitate for specific public action (Lu, 2004, p. 53). One example of such admonition is “never forget class struggles” (p.57). In the HIV/AIDS rhetorics, examples identified from the posts include “no drug for regret in the world, please preserve moral integrity” and “be a good man, never make the same mistake.” Furthermore, from the perspective of the Confucian rhetoric, this admonition is also a way to ritualize others, by emphasizing building moral character and exercising moral persuasion.

Appropriation from authority refers to the arguments recomposed based on the sentence structure of classical poems or prose. They are not used very common, but they represent the specific emphasis on ethos in the Chinese rhetoric. Even there’s no direct authoritative voice shown in the argument, the historically preserved and therefore highly memorable style itself conveys a sense of authority and persuasiveness. Such brief arguments could usually effectively sway people’s minds and present themselves as the truth. For example, one author concludes his post by giving out admonition in appropriating a famous sentence from a folk-song-styled-verse, “Everyone has to behave well. Year after year the blossoms look alike, while people never remain the same (*nian nian sui sui hua xiang si, sui sui nian nian ren bu tong*)<sup>5</sup>.”

---

<sup>5</sup> These two sentences are from a folk song “Dai Bei Bai Tou Weng” composed by poet Liu Xiyi in the Tang Dynasty.

#### **5.4. Conclusion**

This chapter examines the rhetorics of HIV/AIDS on the discussion forum ZhiAiJiaYuan informed by both historical and cultural contexts of HIV/AIDS in China. From the “love-capitalism disease” to the “disease of social deviance,” the discourse of HIV/AIDS in China has always placed its ethical “burden” on individuals. To the deliberative end of this rhetoric, discrimination, self-discrimination, and family discrimination thus gain their legitimacy. Furthermore, fueled by the Chinese traditional culture, heaven and fate together serve as an external locus for rationalizing and internalizing the “misery” of AIDS life. These two rhetorical shackles therefore have constrained HIV/AIDS education and prevention in China.

The topoi identified in the forum further explain the reason for increasing cases of AIDS phobia in China. Both evaluation by consequences and seeming chains of reasoning contribute to the controversy of HIV test. On the one hand, some people claim infection of HIV without taking tests, and some are skeptical of test results even after taking several times; on the other hand, more people are reluctant to take tests in fear of the possible devastating consequences. Such controversial attitude towards HIV test demonstrates that the social construction of HIV/AIDS in China is still predominated by moral judgment and cultural belief supported by the official ideology.

## **CHAPTER SIX**

### **COMPARATIVE STUDY OF THE TWO FORUMS**

The disease recognizes no boundaries, no cultures, and no ethnicities. However, our responses to it vary significantly due to various infrastructural and symbolic constraints cross-nationally. In the context of globalization, though national boundaries and individual identities have been greatly blurred with ever increasing convergence of political, economic, and cultural interests, the exact recognition and construction of HIV/AIDS have long been neglected in cross-national communications. The topic of HIV/AIDS in the sense of its social construction exists as a taboo in the global discourse as it is both complicated and sensitive to be judged and evaluated without a recognized common ground. Though the international standardization of the notion of personhood through the diffusion of rights as a taken-for-granted feature of citizenship thrives to construct an ideal global individuality, it is too far away from the local realities replete with multifaceted power struggles. To a large extent, the discourse of HIV/AIDS holds conflicting political ideologies and cultural connotations in different countries, which signifies a rhetorical obstacle in the global communication in responding to the epidemic. Hence only if we deconstruct these differences, could we utilize global resources and wisdom to build meaningful dialogues and cooperation among countries with respect.

Based on previous analyses of the two HIV/AIDS discussion forums in the U.S. and China, this chapter aims to provide a sketch of HIV/AIDS rhetorics and practices that highlights the main political and cultural assumptions being drawn upon in the two countries. First, this chapter compares the two forums' respective rhetorical features and then summarizes their commonalities and disparities. After the general comparative

analysis, it zooms into specific topics around the concern of HIV/AIDS to discuss the significance of different rhetorics in creating paradoxes in our interpretation and understanding of the disease, which include symptom, personhood, and empowerment.

### **6.1. Comparison of the Rhetorics in Two Forums**

Online discussion forum as an open participatory platform does not necessarily host and encourage democratic public discourses. Various offline powers including political, economic, and individual interests and ideologies have constrained and shaped the public rhetoric invisibly by hiding themselves behind the platform's technocratic objective stance. Scholars have discussed three modes of public rhetoric on the Internet to differentiate their democratic potentials, including a communitarian mode which stresses the possibility of the Internet enhancing communal spirit and values; a liberal individualist mode, which sees the Internet as assisting the expression of individual interests; a deliberative mode, which promotes the Internet as the means for an expansion of the public sphere of rational-critical citizen discourse (Dahlberg, 2001). As a theoretical framework, it is especial useful for understanding the rhetoric of a discussion forum, which takes together specific rhetorical patterns to suggest a larger comprehensive image for understanding the forum as a whole. Informed by these three modes, I try to situate the HIV/AIDS rhetorics of the forums within the frame and further to propose other emerging alternatives.

Online public interaction usually involves participation in virtual communities: cyber-groups based upon people connecting with others who share similar values,

interests, and concerns in order to exchange information, gain companionship, and provide emotional support (Wellman & Gulia, 1999). In HIV/AIDS discussion forums, the shared interests and concerns are more confined and exclusive; however within the participatory communication process different modes of rhetoric have gradually emerged constraining the inclusion and exclusion of certain topics and concerns.

### **U.S. Forum AIDSmeds: An Individualist-Expressive Rhetoric**

There are an increasing number of liberal individualist online initiatives promoting the use of the Internet to provide individuals with information and means to express views directly to the general public. In online HIV/AIDS discussion forums, participants are usually encouraged to provide factual information, offer advice, give out emotional support, and share their own experiences (MO & Coulson, 2008). Revealed from the analysis of AIDSmeds, we see the top three participated boards are “Living with HIV,” “Off topic forums,” and “Am I infected?” The majority of the contents within these boards are individual narratives and questions surrounding fragmented living experiences. By voluntarily exposing one’s own life in front of the public eyes, private experiences though anonymous are represented as and also construct public events. The mission of the forum indicates that people may become capable of making empowered decisions given the information provided and circulated on the forum. Although there are forum moderators, they are not claiming themselves as medical experts, thus all the participants in the forum are treated equal regarding their power status. It is believed that

through personal information exchange and accumulation, individuals will be empowered to make rational decisions.

The underlying assumption behind this forum thus echoes the notion of liberal individualism, which posits “the individual as a rational, autonomous subject who knows and can express their own best interests” (Dahlberg, 2001). Going along with the liberal individualist sense of self, a person is free to pursue his own interests and the public discourse needs to ensure that maximum information is available for individuals to make their own choices. In the context of medical discourse, informed “patients” are therefore provided with competing views to make decisions for themselves. For example, understanding and interpreting one’s diagnostic result at the initial stage are quite difficult due to individual variations. Through exchanging personal knowledge and experience, participants on the forum “educate” each other and gain mutual emotional support. Since there are no medical authorities but just experienced patients, conflicting arguments would rise as well, especially toward controversial ethical issues. For example, in one post titled “Diagnosed today, how to deal with the guilt,” the author expresses his guilt in unintentionally passing HIV to someone else, as he writes, “but I can’t help but feel like one of the worst kinds of people. If he is HIV positive, I’ve taken something from him. He can no longer have unprotected sex, ever.”

Within the following responses, people express different standpoints regarding intentional and unintentional transmission. Basically, one side attributes the ethical responsibility to the transmitter, and the other side attributes it to the receiver, as expressed in the following quote, “anyways, i never had the guilt, and i never hated me or

whoever gave this to me. i guess my thinking was always we are all adults and we all know the risks that all sexual encounters bring. no one forced me to not have all my partners wear a rubber. i new the risk.”

Though no conclusion would be drawn in the forum discussion, participants are exposed to many alternative points of views. Also, the discourse of personal lives greatly outweighs that of medical discussions. The disease of HIV/AIDS thus escapes the medical gaze from the hospital and clinical settings; it is talked and understood through a social and humanistic gaze deeply embedded in everyday life settings. All the posts covering issues from infection to death and memorial try to restore the disease’s various faces in its showing processes, which greatly demystifies the dreadful construction of HIV/AIDS as a threatening lethal epidemic. In fact, some of the posts are written by family members who live, care, and support those living with HIV/AIDS on a daily basis. Many of these posts indirectly help to redefine negative situations and give out emotional support.

Beyond the liberal individualist rhetoric surrounding personal experiences, there is also a discussion board devoted to collective HIV/AIDS activism. Participants in this board use the forum to discuss AIDS policies about health care, medication, employment, and international travelling, etc. They also write to encourage advocacy for human rights issues, research initiatives, and to direct local residents to participate in online and offline activities. Though this board has covered a plethora of AIDS activism, it is among the least three participated boards, and the number of replies is also much smaller compared to that in other popular boards. Revealed from these features, we could see there are not



developed conversations and critical reflections on AIDS activism. In the strict sense, there is not a public sphere of rational-critical discourse of HIV/AIDS on the forum. Individual participants may not be transformed into publicly-oriented citizens and there is no formed public opinion towards future decision making processes.

In summary, the AIDSmeds forum reveals an individualist-expressive rhetoric. HIV/AIDS is thus constructed as more of an individual illness experience than a lethal epidemic or an immoral social misconduct. Its meaning largely resides within personal context. This rhetoric further constrains the forum only as an open platform for informational and emotional support. Although the whole forum constructs a big community, there are not specific shared common socioeconomic or political goals emerging from the discussions. Through sharing personal experiences and views, participants are able to cope with the illness informed with various approaches. In this process, HIV/AIDS is re-normalized as an illness experience to its local context.

### **Chinese Forum ZhiAiJiaYuan: A Communitarian-Persuasive Rhetoric**

Previous studies have identified three main realms for communicating HIV/AIDS knowledge to the general public in China: mass media, medical service, and prevention campaign (Li et al., 2009). HIV/AIDS discourse is thus constrained in the top-down communication process from the government and its agencies to the public. The gap between the public context of education and the private context of conversation is quite large. In certain sense, the meaning of HIV/AIDS stays in the discourse constructed and controlled by the government. Although the government intends to use media campaigns

conducted by public health officials and celebrities to decrease stigma and discrimination, the very terms, metaphors, and news frames utilized by them are still stigmatized (Li et al., 2009). For instance, “AIDS Girl,” “AIDS Couple,” and “AIDS Village” are common in news reports referring to people living with AIDS (Ren, Hust, & Peng, 2010). Such labels exclusively identify individuals with the disease, as if AIDS is their only name in the society.

Given this highly controlled HIV/AIDS discourse in China, rare studies have looked into the Internet for understanding the social construction of HIV/AIDS within the “unframed” conversations. Revealed from the analysis of ZhiAiJiaYuan, we see the top three participated boards are “Consulting and Care,” “AIDS Encyclopedia,” and “Test and Self-test.” The majority of the contents in these three boards have revealed one primary issue or concern — the prevailing AIDS phobia in China. In the posts discussing AIDS phobia, several rhetorical patterns indicate that many people get aware or afraid of HIV/AIDS after experiences in unprotected hetero or homo sex. The rhetoric specifically includes the following patterns: first, the majority of these people are male who have had sex experiences with female sex workers; second, the female sex workers are presumed to be already infected of HIV; third, these people feel guilty for their conducts to different extents; fourth, they show a great degree of skepticism towards their test results, especially for negative results. Given these descriptions, the enthymeme thus appears as the follow: I have had sex with a sex worker, thus I must be infected with HIV. The omitted premise indicates that female sex workers are even more stigmatized in China as the “diseased” people transmitting HIV/AIDS to the public.

The prevailing skepticism toward test results reveals people's difficulty in overcoming their self moral condemnation, since the assumption is that infection should be a punishment for the "misconduct." If there turns out to be no punishment, the moral crisis will then either direct to a strong skepticism or to a determination for not making the same "mistake" in the future. "Determined not to have high-risk behavior again (*jian jue bu fu gao*)" and "Be a good person (*hao hao zuo ren*)" become the slogan-like phrases people write as conclusion for their posts. Different from the U.S. forum which presents conflict views, the Chinese forum is predominated by one unanimous voice asserting that HIV/AIDS should be prevented by reserving moral integrity. It is important to notice that within this rhetoric, there is not much space for discussing safe sex and condom use; even people have gained knowledge on transmission routes and prevention strategies, when the illness is believed to approach, all these scientific rhetorics are subject to skepticism.

It is also important to notice the expert moderators and volunteers on the forum play a significant role in influencing the rhetoric. Their responses are largely limited in risk assessment and emotional support. While also disseminating AIDS prevention knowledge, their emphasis is still on persuading people to keep social and moral responsibility. As one person writes in the post, "Thank *Ren Ge* and *Q Ge* (*the forum moderators*) much for their console and encouragement to us people who made mistakes before. There is only one truth in the world — treasure families and be responsible."

Given the previous discussion, we see the underlying assumption for the rhetoric in ZhiAiJiaYuan is based on a communitarian belief, which argues that a society must be based upon the "shared values and conceptions of 'the good' that bind people into

community” (Dahlberg, 2001). The discussion forum as a so-called virtual community thus connects people together to share a sense of collectivity through a set of communitarian rhetoric, value, and convention. It is critical to observe that this communitarian rhetoric of the forum largely repeats or imitates that of the government, which emphasizes on “healthy lifestyle” in AIDS prevention and control. Through posting personal struggles with the AIDS phobia and AIDS experiences, the forum participants actually simultaneously construct a subjectification of their intimate selves and a subjectification of the state power (Yu, 2007). In the forum, while the self is visible in speaking personal bitterness, the state power functions invisibly in transforming the communitarian consciousness into numerous individual subjects. At this point, it is not surprising that the majority of posts conclude in demonstrating a determination in keeping a healthy lifestyle. This consensus therefore sustains the community and at the same time constraints its rhetoric in the ideology constructed by the government. From another perspective, this pattern also demonstrates a lack of alternative public discussions in China, for even there are platforms for public communications, alternative individualistic or deliberative discourses are not emerging autonomously and would easily slide back to the established dominant ones. As Rofel (2007) observed, a plethora of public discourse in China addresses individual aspirations, longings, and passions, but these “desires” are not necessarily in opposition to the state (p.5).

Form another perspective, this communitarian-persuasive rhetoric could further be argued as influenced by the Confucian rhetoric, which “holds that a harmonious community is built through individuals performing rituals, including speaking and

writing, appropriate to the social context. As rituals carry community-shared values, by participating in or performing rituals, individuals can easily recognize and identify with the community values, and are thus persuaded automatically” (You, 2008, p.236). In the context of online community, such rhetorical tradition in writing also contributes to the construction of HIV/AIDS experience as a social and moral problem violating the traditional social rituals.

In the bigger picture, the rhetoric of ZhiAiJiaYuan is quite persuasive in respect to its revelation of the biopower, which discussed by Foucault (1980) as a power “working to incite, reinforce, control, monitor, optimize, and organize the forces under it: a power bent on generating forces, making them grow, and ordering them, rather than one dedicated to impeding them, making them submit, or destroying them” (p.13). In the forum, participants speak of sex, relationship and HIV/AIDS not simply as things to be condemned, tolerated, or repented upon, but also managed and regulated for the greater good of the society and the country.

## **6.2. Comparison of the Metaphors and Topoi in Two Forums**

After reflecting and comparing the rhetorics of the two forums in the U.S. and China, this part delves into discussions of three most salient topics in attempt to develop meaningful conversations about HIV/AIDS between the two countries and further within a global context. Discussion on topics of symptom, personhood, and empowerment revealed from the metaphorical and topical analyses finds the convergence and divergence in social constructions of HIV/AIDS in the two countries.

### **Symptom: Indication or Illusion?**

Since many of the symptoms of AIDS are caused by opportunistic infections, the nature of these symptoms differs on average from population to population and from region to region according to the prevalence of local infections (Keniston, 1989). A corollary claim would be that symptoms are socially constructed in perspective of personal, social, political, economic, cultural and historical contexts. In other words, the intertwined network of variations constructs certain orientations through which we observe the very appearance of the disease and define our relationship with it consequently. Although a system of standard medical terminologies is used to describe symptoms, people's understanding and interpretation of the symptoms are largely varied in their individual local contexts. Flu-like symptoms such as fever, muscle aches, diarrhea, fatigue, and rash are almost identical to those of many other illnesses. It is very unreliable to suspect HIV infection through observing and monitoring physical symptoms only, however, people often try to magnify the meanings of similar symptoms once they get caught in fear of the disease. Over-anxiety, unnecessary worry, and self-persuaded panic are all common in both forums, and their rhetorical manifestations show the following differences.

In general, confusions and questions about physical symptoms are in a greater number in the Chinese forum than in the U.S. forum. As discussed in chapter four, many participants in ZhiAiJiaYuan not only describe their symptoms in great details supplemented with strong emotional expressions, but also choose to expose pictures of certain body parts to demonstrate those symptoms. To a certain extent, words and

diagnostic terminologies often fail people in recognizing, understanding, and accepting their illness. The strong reliance on external appearance and concrete visuality in making sense of HIV/AIDS may reflect the rooted epistemology of traditional Chinese medicine, which “is mainly aimed to explore the reality of the morbidity by checking the external appearance (that is the differentiation of *Zheng*)” (Lu et al., 2004); While on the contrary, modern Western medicine is aimed to explore the specificity of morbidity relied on statistical accuracy. By acknowledging this pattern, we may more or less understand the strong skepticism toward scientific evidence and test results constructed through experiment and statistical calculation in the Chinese forum. For example, when communicating with people having similar symptoms in fear of HIV/AIDS, moderators and participants in AIDSmeds usually adopt a very assertive tone in negating infection possibilities by citing scientific research evidences, as one moderator replies to a person who repeatedly posts worries about infection through oral sex:

Posting endlessly about a non-risk situation and/or questioning a conclusive negative test result is a bannable offence around here. You have been warned. The doctor who told you that you have to re-test at 6 months needs to go back to med school and get up to speed on the longstanding realities of HIV science. You are HIV negative. **Period. End of story.** Get on with your life.

Contrary to this firm standpoint, experts and volunteers in ZhiAiJiaYuan usually take on a more ambiguous position. When addressing issues of oral sex infection, though they may confirm there is less or no risk by citing scientific research evidences, the common use of modal qualifiers still indicates the ambiguity in such claims, as

demonstrated in the following reply by one expert, “Your core problem is here: **if** the lady has inflammation and wound in her mouth, I suggest you get a test; **if** she does not have these problems, there is **probably** less risk for infection.”

Such ambiguity in the message, meaning, and validity of health communication may further aggravate the expression of AIDS phobia in the forum, as some participants point out, they get much more worried after reading the posts on the forum. In the shadow of such ambiguous rhetoric, symptoms betray their concrete indications, and rather become illusive symbols incurring the collective fear of HIV/AIDS.

### **Personhood: Disease or Identity?**

In the broad picture, one’s personhood constructed in relationship with HIV/AIDS in the U.S. and China could be expressed through the two phrases: “I have HIV/AIDS” and “I’m HIV/AIDS.” These two phrases, though could be argued as over-generalized, do encompass some nuance rhetorical patterns revealed from the two forums.

In the case of AIDSmeds, HIV/AIDS is treated more as a chronic disease to be managed over a long term, as an objective entity residing in the scientific/medical realm. People who get infected by HIV usually construct their relationship with this disease in metaphors of drama, dream, war, and mistake. Although these metaphors emit different connotations and emotions, they all share the same notion of a critical distance or tension between the person as a subject and the disease as an object. The war metaphor is the most illustrative one in constructing this distance; through “fighting against” AIDS people try their best to restore the “unintruded” self or to gain a sense of subjectivity in



the very act of combating. Therefore, the personhood in this context is constructed as a critical self who is able to gaze the disease from a certain distance.

Sentences like “You’re just a guy with a virus” and “Intellectually, I know that my addiction and HIV are simply diseases” are repeated and requoted in an effort to persuade people to restore HIV/AIDS to its original meaning in the medical context. From the perspective of disability studies, this utilization of person-first phrasing<sup>6</sup>, like “guy with a virus” and “people living with AIDS”, as opposed to “HIV guy” and “AIDS people” actually emphasizes on the “personhood” or individuality of the person with a disease (La Forge, 1991). As Zola (1993) reflected, the preposition “with” separates the disability from the person, both grammatically and figuratively. However, such separation may run into its own dilemmas, since not fully embracing the illness into one’s personhood could also impede a person from reflecting on and constructing life’s realities with the illness.

On the contrary, in ZhiAiJiaYuan, HIV/AIDS is deemed more as an identity to be escaped, accepted, or repented upon. The person-second phrasing, like “AIDS girl” and “AIDS patients,” is commonly used in the Chinese posts, by applying HIV and AIDS as adjectives, such language strongly stigmatizes and disciplines people with HIV/AIDS,

---

<sup>6</sup> The concept of “people-first” or “person-first” language was developed through the self-advocacy movement of people with developmental disabilities in the 1970s. Activists objected to the use of the words “retarded” and “handicapped” and demanded to be treated “like a person first.” They developed what has become known as “people first language” that seeks to put the person first and the disability second. It describes the impairment, what a person has, rather than what a person is. Thus, a person is not disabled, but a person has a disability (Hadfey, R. G. & Brodwin, M.G. 1988. Language about people with disabilities. *Journal of Counseling and Development*. 67. 147- 149).

since the disease itself has taken on various negative connotations throughout its history in the Chinese society. As argued by He and Rofel (2010), people “wear a sign of the disease — or, more accurately, to become a sign of the disease in their very personhood.” They further asserted that “this identity, however, is not one they construct for themselves out of their own views and feelings, but one that others construct for them.” However, revealed from this study, there is not a clear demonstration of a tension between identities constructed by oneself and by “others.” The rhetorical construction of HIV/AIDS identity is rather a mutual process, appropriating discourses from both dominant political agenda and dissent voices.

The metaphors of fate, punishment, and rebirth specifically reveal the internalization of HIV/AIDS in one’s own identity. The illness is hence constructed as an unfortunate but necessary consequence of the “problematic” identity itself. As discussed in chapter four, the metaphorical and topical reasoning indicate that the cures for this disease are lying in three realms including scientific/medical, divine, and social realms. Compared to rare discussions on medication and treatment, people expose more concerns of their social roles and activities in everyday life. Regarding the family, isolation of oneself is usually the immediate reaction to knowing one’s infection; while regarding the workplace, concealment or change of job is the only choice to keep working. In large, on the one hand, social stigmatization and discrimination are depriving their rights for cures; on the other hand, these obstacles are also adopted and implemented by themselves. According to the China AIDS Survey Report of Discrimination (2009), self-discrimination is prevalent among people living with HIV/AIDS. Approximately 62.1%

of the surveyed people report feeling shameful and 43.2% report feeling guilty. Echoing this phenomenon, the laden identity therefore becomes the foci of the HIV/AIDS rhetoric in China.

### **Empowerment: Knowledge or Emotion?**

Empowerment broadly and vaguely refers to increasing social, political, economic or spiritual capabilities of individuals and communities in various contexts. In respect to HIV/AIDS, Crossley (1998) examined a group of people living relatively long term with an HIV positive diagnosis, and proposed an ideology of “empowerment,” which entails great value for my discussion of this study. Expressed in a number of ways, the ideologies of empowerment “include a commitment and confidence in the experiential or ‘subjective’ knowledge of one’s own body and self, often related to rejection or skepticism about the ‘objective’ knowledge of science, medicine and other ‘outsider’ or professional groups.” This differentiation between “subjective” and “objective” knowledge regarding the illness constructs a basis to understand the complex relationship of knowledge, power, and empowerment for people living with HIV/AIDS in different sociocultural contexts.

Based on examining the genealogy of knowledge in the Western society, Foucault (1980) asserted that “we should admit that power produces knowledge...That power and knowledge directly imply one another; that there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute...power relations” (p.27). Foucault placed the body at the

center of discussing the interplay of power and knowledge, not only in the sense of natural physical body, but also in the sense of the body constructed in social discourses. On the one hand, scientific knowledge for long has established its power governing the epistemology of disease, which is continuously realized and legitimized through our “will to truth”; on the other hand, certain social power has generated its own version of the knowledge, which could be possibly dangerously applied and appropriated by the “unknowledgeable” others, especially in cases when no alternative knowledge is available. Both forms of power have been revealed in the discussion forums, and both also have been exposed to criticism and opposition.

In case of AIDSmeds, its original aim is to provide information for people to make empowered treatment decisions. Going along with this notion, the empowerment implies the assumption that people would be able to manage their own illness and condition by developing a certain degree of medical knowledge. By possessing this knowledge, they could work actively with their health and social care providers and therefore gain greater control over their lives (Shaw & Baker, 2004). In Foucault’s words, these practices are “an opposition to the effects of power which are linked with knowledge, competence, and qualification: struggles against the privileges of knowledge. But they are also an opposition against secrecy, deformation, and mystifying representations imposed on people” (Foucault, 1982). In a study on weight loss discussion forum, Fox (2005) suggested “the expert patient is a reflexive patient, contextualising her life-story and experiences within available systems of thought, which

— at least in policy formulations — are biomedical.” Similar to this case, the knowledge on AIDSmeds thus becomes both empowering and constraining.

In AIDSmeds, the board “Questions about Treatment & Side Effects” is the third most participated board, where people discuss their medical records and questions about treatments. Since conditions of HIV/AIDS vary greatly on individuals, there seem to be less dominant biomedical assertions than individual reflections. However, whether and how and to what extent this body of mixed knowledge on the forum empowers people may call for further empirical studies. Compared to this ambiguous knowledge-based empowerment, the emotion-based empowerment is more apparent. As discussed in chapter three, AIDSmeds as an online community for people living with HIV/AIDS has provided both informational and supportive functions, which gives great emotional support to its participants. Revealed from the topical analysis, degree and consequence by analogy are the most used reasoning strategies. By focusing on relativity and analogy, they also indicate the empowerment lies more in communal rhetoric which grounds HIV/AIDS in individuals’ daily life than strict scientific knowledge which functions to divide people according to power constructions.

Different from AIDSmeds, ZhiAiJiaYuan does not even have a specific board regarding treatment and medication. Almost all the HIV/AIDS knowledge, hosted in “AIDS Encyclopedia,” is about prevention, transmission, infection, and symptom. In this forum, scientific knowledge and research findings are always subjected to skepticism. For example, even after years of public campaign on HIV/AIDS prevention, the empirical effectiveness of using condom to prevent HIV transmission is still challenged by many

people. Searching within the forum using key terms of “*an quan tao*” and “*bi yun tao*” (Chinese terms for condom), there are at least hundreds of posts concerning the safety of using it for preventing infection. Besides from this, medical reports and test results are also subjected to distrust. Indeed, the scientific knowledge loses its power to dominate, persuade, and move people in this local context. In other words, the scientific discourse is disregarded and isolated from the secular discourse in large, and symptoms and feelings rather than doctors and numbers tell people about their illness. This skeptical rhetoric dominates the Chinese forum, although there are still some people trying to argue by scientific knowledge citing different resources from both home and abroad.

This break-up of knowledge and power in the Chinese context may have significant empirical implications for HIV/AIDS prevention strategies. Other than this, revealed from the topical analysis, the mandate of heaven posts a quite ritual kind of emotional empowerment. For example, the presence of Buddha in both words and pictures could generate a strong consensus among participants who pray for being HIV negative. One post presenting the picture of Bodhisattva has generated 10,109 views and 438 replies, and all the replies unanimously pray for Buddha’s forgiveness of their guilt and pray for being HIV negative.



用户  ☐ 记住密码 注册会员  
 密码   找回密码

艾滋病论坛 群组 家园 计算感染艾滋概率 制定检测方案 加入志愿者 我的中心

搜索本版

艾滋病论坛 > 咨询关怀 > 南无大慈大悲观世音菩萨，大家进来祈求平安吧，只要知错...

发帖 回复

返回列表 1 2 3 4 5 6 7 8 9 10 ... 44 下一页

查看: 10109 | 回复: 438

南无大慈大悲观世音菩萨，大家进来祈求平安吧，只要知错就改，菩萨会保佑的  ☐   
 [复制链接]

xiaokage



发表于 2008-11-26 10:17 | 只看该作者 | 倒序浏览 | 打印 1楼  
 本帖最后由 仁心仁术 于 2009-1-30 14:42 编辑  
☐  
 观音.gif (84.35 KB, 下载次数: 65)  
 观音大士  


新注册用户  
 (新到会员)  
 如何升级解除  
 发帖限制?

收藏 0
 分享 0
 顶 1
 踩 0

自助计算艾滋病感染概率

回复 引用

举报 返回顶部

xiaokage

发表于 2008-11-26 10:17 | 只看该作者 2楼  
 自己先求个平安，祝福好人一生平安

**Figure 6.1: Post Presenting Picture of Bodhisattva.**

The post reads: “Merciful Bodhisattva, we come to pray for peace. As long as we correct our mistakes, Bodhisattva will bless us.”

Different from AIDSmeds, in which participants console each other by giving out emotional support and encouragement, the Chinese individualized ritual “empowerment” does not come with much emotional and community support. Participants in ZhiAiJiaYuan don’t usually respond to others’ posts, instead, they follow the original posts more for consoling themselves and reinforcing certain beliefs. Asking questions to the forum experts and talking to themselves are much more meaningful than communicating and caring for others. To some extent, the Chinese participants all hold the same communal value and aim within themselves, which further hinders the forming of support groups and aggregates self isolation, discipline, and discrimination.

What is in common for both HIV/AIDS forums is that the empowerment is grounded, restricted, and further dissolved in fragments of daily rhetorics. Neither of the forums reveals strong and organized initiatives for social activism. To the forum participants, solving immediate confusions and difficulties sidesteps the deliberative discussions for larger political and social problems, like discrimination about getting medication and insurance. Here it is worth to cite Foucault (1982) again, when he discussed the struggles between the power and the subject,

such struggles people criticize instances of power which are the closest to them, those which exercise their action on individuals. They do not look for the ‘chief enemy’ but for the immediate enemy. Nor do they expect to find a solution to their problem at a future date (that is, liberations, revolutions, end of class struggle) (p.780).



Whether it's biomedical, emotional, social, or ritual empowerment, the direct or indirect struggles demonstrated in the online rhetorics are quite ephemeral. Although they don't necessarily contain practicality in empowerment, they do reveal a great amount of meaning making and negotiating approaches that inform further academic inquiries and public interventions.

### **6.3. Conclusion**

This chapter compares the rhetorics of the two forums, focusing on both the overarching ideologies and emerging salient topics. In the sense of comparison, the U.S. forum AIDSmeds reveals a more individualist-expressive rhetoric, which encourages sharing of personal stories and opinions. Deemed as a chronic illness, the meaning of HIV/AIDS largely resides within personal daily context, sidestepping the larger social, political and ethical considerations. As a virtual community, the forum provides informational and emotional support for its participants, but it has not generated clear collective value or sociopolitical agenda. Different from AIDSmeds, the Chinese forum ZhiAiJiaYuan reveals a more communitarian-persuasive rhetoric, which directly persuades the participants to construct their illness experiences from a moral and ethical standpoint. Due to a lack of alternative discourses in the society, this shared communitarian rhetoric largely concurs to the dominant political agenda of the government.

Regarding the topic of symptom, both forums demonstrate people's fears and confusions about this disease at the initial stage. However, the more ambiguous rhetoric

in the Chinese forum indicates a lack of sufficient HIV/AIDS awareness and knowledge in both the local healthcare providers and the general public. For the topic of personhood, after years of social movements and critical reflections, HIV/AIDS in the U.S. has been largely re-restored to its medical context as a chronic illness for individual patients.

While in China, HIV/AIDS is still deemed more as a social identity, disciplined by the self, the family, and the society in large. This ambiguous and stigmatizing rhetoric further incur and aggravate the prevailing AIDS phobia in China.

Finally, regarding the issue of empowerment, emotion plays a stronger role than knowledge for empowering people in the U.S., since knowledge not only empowers but also constrains the ways people cope with their own illness. In the Chinese context, a common skepticism toward scientific knowledge impedes people to effectively prevent HIV transmission and infection, and this situation is further complicated by the interplay of traditional cultural beliefs. Furthermore, a lack of community and emotional support in the Chinese discussion forum makes the online empowerment even more out of sight in China.

## **CHAPTER SEVEN**

### **DISCUSSION**

After reviewing and comparing the histories of HIV/AIDS epidemic and the rhetorics of HIV/AIDS communication in the U.S. and China, a clear notion of how and to what extent the complicated social constructions have shaped the discourses and perceptions of HIV/AIDS has gradually emerged.

Politically, in 2010 the Obama Administration launched the National AIDS Strategy; despite those heated criticisms, at least this is a comprehensive plan on AIDS in the country. While in 2011, the Chinese State Council issued a document which requires further strengthening AIDS prevention and control work (“State Council on Further Strengthening the Work on AIDS,” 2011), however, like always, this official document just appeared and disappeared in the news, incurring no social responses. It is worth noticing that since 2009, Chinese AIDS activists and social organizations have received more government pressures. For example, both Dr. Gao Yaojie, who won international awards for her work in treating HIV/AIDS patients and raising awareness of the problem in China, and a human rights campaigner Wan Yanhai have fled to the U.S. (“China Aids group,” “Exiled China Aids activist,” “HIV/Aids activist flees China,” 2010).

Socially, revealed from the discussion forum, HIV/AIDS in the U.S. has become more of an individual illness experience. By exchanging personal infection and treatment stories, the rhetoric treats the disease more as a chronicle illness without much social bias and moral stigmatization. While in the Chinese discussion forum, the rhetoric itself serves as a communitarian force which strengthens the tight political agenda and the

current social stigmatization. This rhetorical force is even magnified by the Internet and online communication, which has further generated a prevailing AIDS phobia in the Chinese society at large. The general lack of basic HIV/AIDS knowledge among the public due to limited public health intervention with moral-laden messages also contribute to the problem. As Bruhn (1989) claimed, “The fear of AIDS is not solely a private fear seeking help; its etiology is societal, and it is reinforced daily by the media and the many uncertainties about the disease” (p.455).

Culturally, although the Chinese people have accesses to HIV/AIDS knowledge and testing devices, they still generally hold a strong skepticism toward these scientific evidences. Such skepticism may be attributed to the following sociocultural values. First, as discussed in chapter six, the epistemology of traditional Chinese medicine deems the body as a holistic entity and mainly aims to explore the reality of the morbidity by checking the external appearance (Lu et al., 2004). Thus, the specific testing result based only on a part of the body functions could not easily persuade the Chinese people. Furthermore, according to the traditional Chinese medicine, “all relevant information, including the symptom as well as the patient’s other general characteristics, is gathered and woven together until it forms what Chinese medicine calls a ‘pattern of disharmony’” (Kaptchuk, 2000, p.4). In this cultural belief, Chinese people are more interested in understanding the illness as deeply related with other personal characteristics and activities besides the direct cause of the disease. In brief, while the participants in the U.S. forum discuss more of their choices of treatment and medication, the participants in the Chinese forum discuss more of prevention effectiveness, testing results, and moral

struggles. The distrust in medical facts on the one hand reveals the intervention of cultural beliefs in understanding illness and on the other hand greatly hinders the public promotion of prevention strategies.

Closely looking into the metaphors and topoi utilized in the posts, we could see the routes of how rhetorical strategies construct the understanding of HIV/AIDS in one's own life. Since all the posts are written by people concerning or living with HIV/AIDS, the observed collective patterns of reasoning do reflect the impact of rhetorical construction. Therefore, in order to develop effective prevention strategies and anti-discrimination campaigns, a country not only needs to understand and acknowledge the cultural rhetorical construction, but also needs to explore the crevices in those rhetorics in order to create new cultures for possible changes in the future.

The implications of this study thus entail the following notes for developing cultural sensitive prevention and intervention programs. First, the design and utilization of social media campaign or program need to consider people's participation motivations and habits informed by cultural values. Specifically, the individualist rhetorical construction of AIDS experience in the U.S. calls for more personalized while highly connected social media platforms both for serving personal needs and sustaining support communities. Indeed, many of the government agencies and social organizations have already started to incorporate Facebook, Text Messaging, Twitter and other kinds of new media tools in disseminating health messages and initiating public campaigns<sup>7</sup>. On the

---

<sup>7</sup> See AIDS.gov hosted by the U.S. Department of Health & Human Services. <http://aids.gov/using-new-media/>

contrary, the communitarian rhetorical construction of AIDS in China calls for more public discussions directly addressing issues of stigma, discrimination, and social isolation. Social media would be a great platform for initiating such discussions; however, the Chinese Internet censorship may not guarantee the diversity of alternative and dissent voices.

Second, regarding the design of health messages, it is important to understand the differences in cultural beliefs of illness and medicine. For the American society, a combination of both medical knowledge and emotional support should be emphasized in health communications, both online and offline. Specifically, peer emotional support may need to be explored and practiced more in support groups. While for the Chinese society, besides conveying clearer prevention and treatment information, efforts in understanding people's family and social values also need to be incorporated in health programs. For example, in designing support communities, inviting family members and friends into the discussions and activities may help release people's psychological stress and pressure; and while communicating testing results, doctors and public health officials may need to spend more time in explaining the medical facts in order to eliminate unnecessary skepticism and resistance.

### **7.1. Research Benefits**

By applying the cultural rhetorical analysis in a comparative study, the findings from this study demonstrate the significance and impact of rhetorical construction of HIV/AIDS as a cultural experience. The findings also to some extent verify the notion of

deeming social media as rhetorical ecology which in effect could shape knowledge and perception according to a set of ideologies embedded in the forum structure and communication patterns. The rhetorical analysis informed and explained by cultural constraints further proves the feasibility of this research methodology. In effect, this methodology has proved very productive in observing the fundamental divergences or conflicts in the epidemic and medical rhetorics from a global perspective. Also, by understanding these social construction strategies, people living with HIV/AIDS may find a new way to empower themselves and public health officials may develop a more comprehensive prevention campaigns built on the current rhetorics adopted by the people. Additionally, because metaphors and topoi have not been explored much in both the U.S. and Chinese HIV/AIDS studies, this study is valuable for scholars from both countries to see the current problems in the HIV/AIDS construction and prevention.

## **7.2. Research Limitations and Implications**

This study primarily applies Scott's research framework of the rhetorical cultural analysis, though it situates the rhetorical analysis in broader cultural contexts drawing comprehensive discussions on both the historical and contemporary HIV/AIDS discourses, it doesn't consider people's actual social practices based on the rhetorical constructions beyond online discussion forums. As Scott said in his article:

Beyond critiquing a set of practices, a rhetorician-critic would also be involved in these practices. Foucault argues that if we are to do analytic work that has 'political meaning, utility, and effectiveness,' then we must have 'some kind of

involvement with the struggles taking place in the area in question’ (Scott, 2003, p.365).

This study lacks of such direct involvement in practice, therefore it suffers from the fundamental tension between interpretation from the researcher and action of the researched.

First, although the collective forum ecology presents a certain type of rhetoric, it is hardly observed or sensed by the individuals who adopt a more pragmatic notion of “using” instead of “building” the discussion forum. In other words, the rhetorical analysis reveals both the symbolic and material social constructions, but how and to what extent have these two realms of constructions converged or diverged could not be answered in this study. Simply put, further researchers should consider the distance between action and interpretation and conduct field researches including observations and interviews to understand and evaluate how the rhetorical constructions are practiced by the forum moderators and participants in their social behaviors and daily lives.

Second, as Schmitt argued, “Metaphor analysis cannot work without previous socialization in the language and environment in general and, in particular, without field experience gained prior to or during the course of research” (Schmitt, 2005, p.383). Given my research background, a lack of previous socialization in the U.S. HIV/AIDS language and environment makes the metaphorical analysis on the U.S. posts less genuine than that of the Chinese part. Thus, future comparative research needs to have more cooperation from scholars with diverse linguistic and cultural backgrounds.



Third, although Nelson (1969) argued that Aristotelian topoi as a system is sufficiently inclusive to account for all major arguments across cultures, the topical analysis performed on the Chinese forum posts could still be criticized as inappropriate in explaining the Chinese arguments from a dominant Western-oriented perspective. However, such an arbitrary choice could not be avoided for the sake of comparison, and the findings from each respective research may compromise individual critical explanation and implication. Indeed, the posts on the discussion forum must be generating new understandings of topoi, since the posts are more and more in “mixtures of formal and informal styles, technical and non-technical vocabularies, markers of authority and familiarity, more typically written and more typically spoken syntactic forms” (Fairclough, 1995, p.79). Thus, both the U.S. and Chinese posts call for more detailed and more rigorous topical analysis which may lead to reconstruction of the Aristotelian typology.

Last but not least, the rhetorical construction of HIV/AIDS on the two discussion forums reveals a limited facet of the whole picture. This comparative study emphasizes on the cultural dimension of the construction, therefore to a certain extent, it builds discussion and makes claims as deeming the culture as homogeneous in one country. However, such an assumption of the homogeneity suffers from the problem of overgeneralization. Ideally, an expanded study needs to account different sub cultures within a broad culture in order to explore the rhetorical tensions in more depth. For example, although I discussed *tong zhi* in the Chinese context, I haven’t delved into this sub culture, which may share both the traditional Chinese and contemporary Western

cultural characteristics. Furthermore, the majority of participants in both forums primarily concern HIV infections through high-risk sex behaviors, while the groups of injection drug users and patients infected by blood infusion or other ways are not represented. This specific pattern of discussion forum participants calls for more explanations. For example, some hypotheses may be related to the issue of internet accessibility and computer literacy among certain groups of people. Subsequent questions would be: What sociocultural or political forces have contributed to this pattern of communication of HIV/AIDS on the Internet? How could we approach other groups of people for better health communications both offline and online? Why AIDS phobia has become a prevailing social problem in China after the epidemic has been identified for more than two decades? Is this phenomenon directly related to Internet use and online communication?

In summary, this comparative study is a preliminary attempt to explore the social construction of HIV/AIDS through online discussion forums in two cultural contexts. The findings demonstrate that the disease itself is socially constructed through various rhetorical formations. The rhetorics are not only revelations of the socially constructed realities, but also prompts and driving forces for reconstruction and reformation. Different cultural notions of HIV/AIDS in the two countries could be further examined and critically evaluated for developing better global AIDS responses and cooperation in the future.

## APPENDICES

### Appendix A

Aristotle's Koinoi Topoi (summary by Lynda Walsh, 2010)

---

KT1. Opposites (ek tt enantion)

Ex: Opposites (ek tt enantion)V/AIDS in the two countries cou incredible.t

KT2. different forms of same word (ek tt homoi ptosee )

Ex: ms of same word (ek tt homois

KT3. correlatives (ek tt pros allos )

Ex: tx: pros allos )ek tt sell, ites (ek t(ek t tord (ek

KT4. degree (ek tou mallon kai h kai hkai hl, it, itt it it itthl, buy. it, i a dimension.

Ex: mension.lon kai h kai hkai hl, itl, okay for me to be expected to.p

KT5. Time (ek tou ttu khronon skopein)

Ex: Time (ek tou ttu sed upon the completion of A, now that A has been accomplished, it sed upon the completi

KT6. Turning the tables (ek tt eirr Turn kath' hautou pros the tables ), accuses opponent of hypocrisy.

Ex: ses opponent of hypocrisy.n eirrcrisy kathof A, now that Are the one who overspent last year eir one w

KT7. Definition and conclusions (ex horismou)

Ex: Definition and conclusions (ex horismou)hof A, now that Areasbe color to attract pollinators.n

KT8. Semantics (ek tou posakhha)

Ex: Semantics (ek tou posakhkhakhkhs (esmou)hof A, now that Area mean something more like sakh something smou)hof A, now

KT9. Division (ex diaresevi), partitions a novel category or a domain whose parts do not entail the whole (i.e., not species of a genus; cf. parts [KT12])

Ex: 2])o people do wrong for one of three reasons.f

KT10. Induction (ex epag. In)

Ex: . Induction (ex epag. In)one of three reasons.ag for one of three their ships to those who wreck them, we can conclude people will not commit what is precious to them to those with poor reputations.l

KT11. Precedent (ek krisees)

Ex: . Precedent (ek krisees)hem to those with poor reputations.ho

KT12. parts (ek tt merr ), argues from species of a defined genus

Ex: tx: merr ), argues from species of a defined genusation branches: the judicial, the legislative, and the executive.o

KT13. evaluation by consequences (ek tou akolouthountos), treats effects/conclusions as grounds for evaluation.

Ex: consequences (ek tou akolouthountos), treats effects/conclusions as gr which is undesirable.f

KT14. catch 22 (peri duoin antikeimenoin)

Ex: (peri duoin antikeimenoin)uthountos), treats effects/conclusions

KT15. Appearance versus reality (ou phanerre kai aphanh)

Ex: . Appearance versus reality (ou phanerre kai aphanh)conclusions among his close friends he condemns it.n

KT16. Consequence by analogy (ek tou analoggl symbainein), arguing for conclusions in two related cases based on a shared premise or key property.

Ex: related cases based on a shared premise or key property. for concl men should be treated as boys and sent to gymnasium.r

KT17. Similar results must have similar causes (to symbainon tmbain).

Ex: . Similar results must have sior philosophy, it amounts to the same thinglar results must have sio

KT18. Ironic choices (ek tou anapalin haireisthai).

Ex: ic choices (ek tou anapalin haireisthai).hy, it amounts to

KT19. Purpose is cause (to hou heneka), arguing for premeditation.

Ex: rguing for premeditation.ationne not in response to our good deeds but to highlight the misery of others response to

KT20. Motivations to action or inaction (to protreponta kai apotreponta).

Ex: vations to action or inaction (to protreponta kai apotr employed a double blind design.o

KT21. Truth is stranger than fiction (ek tt apisttT).

Ex: . Truth is stranger than fiction (ek tt api

KT22. Compare/contrast (ta anomologoumena).

Ex: . Compare/contrast (ta anomologoumena).n apistpi).apotrepo many of you.e

KT23. Correcting false impressions (to legein ttg aitian tou paradoxou).

Ex: ecting false impressions (to legein ttg aitian tou paradoxou)..n).u a speech about the evils of assumption-making, but you paradoxou)

KT24. Cause & effect (apo tou aitiou).

Ex: e & effect (apo tou aitiou).mption-making, but you paradoxou)..n abandoned gold mine upstream from the study site.t

KT25. Search for a better plan (ek beltion allli).

Ex: . Search for a better plan (ek beltion allli). you paradoxou)..n) efficiency could be improved.n

KT26. Question terms of debate (hama skopein).

Ex: pein).into Caesar the things that are Caesaresesar.t you par things that are Godar the things that ar

KT27. Previous mistakes (ek tt hamartts mista), evaluating based on mistake or oversight.

Ex: versight.akes (ek tt hamarttt.akes ), evaluating based on experience, so now we are having problems retaining freshmen.x


KT28. Meaning of names (apo tou onomatos).

Ex: ing of names (apo tou onomatos).blems retaining freshmen.hmmis

## Appendix B


Metaphorical and topical analyses performed on the post “I’m ready to give up,” selected from the board “Mental Health & HIV” in the AIDSmeds forum. The original post could be found at: <http://forums.poz.com/index.php?topic=24773.msg311548#msg311548>


### Screen Capture of the Original Post:

 Author

Topic: I'm ready to give up (Read 6628 times)

**ga1964**  
Member

 Offline  
Posts: 185

 **I'm ready to give up**  
« on: December 15, 2008, 07:20:52 pm »

I saw my therapist to day and feel even more depressed. I thought I was just about to get out of the dark abyss that I have been in for the past few months only to fall into it deeper today.

I thought I was getting on top of my bills and was going to break even this month only to find several bills that had gotten lost in the shuffle and all of a sudden the light at the top of the abyss disappeared and the darkness has consumed all hope of getting on top of things. I feel a hole in my chest that aches more than I can bear. I feel like a complete failure. I want it all to end.

Usually after a session with my therapist I feel better than when I went in and today I feel buried deeper than ever. I feel like giving up and I just want it to end. I feel like I'm not making any headway with my therapist, not because she isn't trying. But, if I feel worse after a session, whats the use in continuing them. But, I'm also scared that if I can't get a handle on things and start seeing forward movement that life will get better, I don't know what else to do. I don't want to continue going on feeling the way I feel now.

I hate that I feel so fucking weak and desperate.

I hate feeling sorry for myself.

I hate my life.

I hate who I've become.

I hate the pain I constantly feel in my chest, I want to reach inside and pull it out.

I hate that I know I have it better than some, but it feels like everything that I found joy in is gone.

I hate that, for me, life has ended and I'll just exist till my day comes.

I hate that I don't care if my life ended tomorrow.

I hate that I don't care weather I go to heaven or hell, or if I just end up in a hole in the ground. I want the pain to stop.

I hate knowing the pain my family and partner would go thru, but I'm tired of hurting.

I hate me.

## Rhetorical Analyses of the Post:

### Topoi

### Metaphor

Degree	I saw my therapist to day and feel <i>even more depressed</i> . I thought I was just about to get out of the <b>dark abyss</b> that I have been in for the past few months only to fall into it <i>deeper</i> today.	Darkness
Opposite	I <i>thought</i> I was getting on top of my bills and was going to break even this month <i>only to</i> find several bills that had gotten lost in the shuffle and all of a sudden the light at the top of the <b>abyss</b> disappeared and the <b>darkness</b> has consumed all hope of getting on top of things. I feel a hole in my chest that aches more than I can bear. I feel like a complete failure. I want it all to end.	
Compare and contrast	<i>Usually</i> after a session with my therapist I feel better than when I went in and <i>today</i> I feel <b>buried deeper</b> than ever. I feel like giving up and I just want it to end. I feel like I'm not making any headway with my therapist, not because she isn't trying. <i>But</i> , if I feel worse after a session, whats the use in continuing them. <i>But</i> , I'm also scared that if I can't get a handle on things and start seeing forward movement that life will get better, I don't know what else to do. I don't want to continue going on feeling the way I feel now.	
	I hate that I feel so fucking weak and desperate.	
	I hate feeling sorry for myself. I hate my life.	
	I hate who I've become.	
	I hate the pain I constantly feel in my chest, I want to reach inside and pull it out.	
Compare and contrast	I hate that I know I have it <i>better</i> than some, but it feels like everything that I found joy in is gone.	
	I hate that, for me, life has ended and I'll just exist till my day comes.	
Consequence by analogy	I hate that I don't care <i>if my life ended</i> tomorrow.	
	I hate that I don't care <i>weather I go to heaven or hell</i> , or if I just end up in a <b>hole in the ground</b> . I want the pain to stop.	
	I hate knowing the pain my family and partner would go thru, but I'm tired of hurting.	
	I hate me.	

## Appendix C

Metaphorical and topical analyses performed on the post “For girls, I’m post-1980 girl, 4 weeks after high-risk behavior, will get the life-or-death sentence tomorrow,” selected from the board “Emotional Expression” in the ZhiAiJiaYuan forum. The original post contains 2461 Chinese words. In this appendix, I just present the analyses on the translation of the last few paragraphs. The original Chinese post could be found at: <http://www.120x.net/thread-42893-1-1.html>

### Screen Capture of the Post:

知艾❤家园  
专业防艾论坛 WWW.120X.NET

用户名:  密码:  记住密码 ☐ 登录

艾滋病论坛 群组 家园 计算感染艾滋概率 制定检测方案 我的中心

搜索本版 请输入搜索内容 搜

艾滋病论坛 心情随笔 给女孩子们，我80后女孩，高危4周，明天去拿生死判决。

发帖 回复 返回列表 1 2 3 下一页

查看: 1747 | 回复: 20

黑人

新注册会员  
UID 19074  
日志 0  
帖子 77  
主题 3  
积分 49  
注册 2010-  
最后 2010-  
在线 6小时  
威望 0  
金钱 10  
贡献 0

发表于 2010-2-26 01:11 | 只看该作者 | 倒序浏览 | 打印 | 1楼

高危4周，明天去拿生死判决。  
恐艾三个多星期，今天第一次发帖，因为今天去抽血检测，明天去拿生死判决。我需要一些祝福。谢谢你们！  
我怕死，真的很怕，但是最怕的是这样死会令家人蒙羞。

我是个80后的女孩，论坛里多数都是咨询找XJ或者同志XJ的帖子，而我的故事，是完全不一样的版本。  
故事可能有点长，但愿你们能耐心看完，尤其是女孩子们，希望能给你们一点启示和借鉴。

大学里，奋不顾身毫无保留的爱过一个人，结果我目睹了他和我最好的朋友之一ML。  
被友情和爱情双重背叛后，很长一段时间我过着自毁的生活，整夜整夜的流泪，疯狂的抽烟和熬夜。  
这背叛的伤痛限了我5年，期间，我觉得自己根本没有爱的能力了，对爱情无法信任没有憧憬。直到08年末我遇到我的前男友。  
他是个美国留学生，在中国学习中文。我们志同道合，生活态度对事物的看法喜欢的音乐电影艺术，所有一切都非常投契，而且我是个性格强势的人，身边很多男孩子都觉得罩不住我，而他却很欣赏我的强势和独立。认识不久我们就迅速的陷入热恋。  
不久后他回国为毕业做准备，期间带着他的父母回来和我见面，他们在中国呆了5天，这五天我和BF一直呆在一起，每晚ML，都是WT。  
为什么不DT?首先我爱他，在我心里他无比干净，我想都没想过要DT。另外，无知如我，一直觉得DT只是避孕，而我BF一直是TWSJ，我从没想过DT可以防御HIV这个事情。

说到这里，我要先告诫所有的人，尤其是在爱里智商变0的人们，一定要DT,无论你多爱这个人。这是对自己负责，也是对别人负责！

## The Full-text Chinese Post:

高危 4 周，明天去拿生死判决。  
恐艾三个多星期，今天第一次发帖，因为今天去抽血检测，明天去拿生死判决。我需要一些祝福。谢谢你们！  
我怕死，真的很怕，但是最怕的是这样死会令家人蒙羞。

我是个 80 后的女孩，论坛里多数都是咨询找 XJ 或者同志 XJ 的帖子，而我的故事，是完全不一样的版本。  
故事可能有点长，但愿你们能耐心看完，尤其是女孩子们，希望能给你们一点启示和借鉴。

大学里，奋不顾身毫无保留的爱过一个人，结果我目睹了他和我最好的朋友之一 ML。  
被友情和爱情双重背叛后，很长一段时间我过着自毁的生活，整夜整夜的流泪，疯狂的抽烟和熬夜。  
这背叛的伤痛跟了我 5 年，期间，我觉得自己根本没有爱的能力了，对爱情无法信任没有憧憬。直到 08 年末我遇到我的前男友。  
他是个美国留学生，在中国学习中文。我们志同道合，生活态度对事物的看法喜欢的音乐电影艺术，所有一切都非常投契，而且我是个性格强势的人，身边很多男孩子都觉得罩不住我，而他却很欣赏我的强势和独立。认识不久我们就迅速的陷入热恋。  
不久后他回国为毕业做准备，期间带着他的父母回来和我见面，他们在中国呆了 5 天，这五天我和 BF 一直呆在一起，每晚 ML，都是 WT。  
为什么不 DT?首先我爱他，在我心里他无比干净，我想都没想过要 DT。另外，无知如我，一直觉得 DT 只是避孕，而我 BF 一直是 TWSJ，我从没想过 DT 可以防御 HIV 这个事情。

说到这里，我要先告诫所有的人，尤其是在爱里智商变 0 的人们，一定要 DT,无论你多爱这个人。这是对自己负责，也是对别人负责！

他和他父母回国后，我们一直用电邮联系，一开始很频繁，后来慢慢的少了，最长的一段时间快一个月才一封电邮。  
有一天他发了一封很长很长的邮件来说他决定去另一个城市，说他这段时间思考了很多，他有他不能说的理由必须和我分手。  
我用激烈的言语回复他说他骗我，我说我很伤心，我说想分手就直接点不需要装善良找理由。他又回复了一封很长的邮件说不是我想的那样，他说我对他而言非常重要，他说他很快会来中国和我当面解决我们的感情问题。  
我满心期待，可是一天天过去他再没有发邮件给我。  
那时候我一边伤心一边做很多猜测，生病了？变心了？也曾一闪而过会不会是有艾滋病怕我赖上他？  
可是我最终还是否定了那个想法，因为把和他相识相爱的过程回想一遍我觉得他是真诚的，我不该妄加揣测。  
所以我隔段时间就发邮件问候他，但是始终没有回音。他从此渺无音信。  
也许是因为距离的原因，从期待到失望到最终放弃，我虽然难过但也没有像上一段感情一样痛苦。

日子就这样一天天的过去。一年多后，也就是今年年初，我换了工作，遇到了我现在的上司，我再次找到了那种默契那种不管哪个方面都志同道合的感觉，我们第一次见面时就觉得彼此好像认识对方很久。  
可是命运的安排多么曲折不给我们余地，他有家室，虽然我们彼此有感觉，可是我是道德感很强的人，如果他们只是谈恋爱也许我会去争取我的幸福，可是婚姻不止是两个人的事情，他牵涉到两家人的安宁，我始终不敢逾越半步，我相信他也一样。  
可是每天我都要面对他，经常听到他和老婆通电话，经常从别人口中得知他们生活的点滴。我过的很压抑，偶尔幻想能跟他在一起，然后又忏悔自己不该有这么自私的想法。  
我可以选择辞职，可是我做不到，因为辞职了我就连见他的机会和理由都没有了。

4 周前就是 6 月 26 号，和他一起吃晚饭，他第一次很隐晦的说起他的想法，大意是人生很无奈，他有必须要负的责任，他不能想爱就爱，他说我永远是他的知己和好朋友。  
我说我知道我明白，然后吃完饭，我们很平常的道别。



但是我并没有回家，在街上闲荡，心里五味杂陈。  
我想起过去的感情经历，想到和他的对话，我心里无比凄凉和灰心，不明白为什么对的人对的事那么难，为什么要相见恨晚，我只想要爱，为什么不能给我一场正常的感情？为什么给我那么多考验？是不是注定我得不到幸福？  
越想越觉得压抑的不行，我鬼使神差的去了酒吧，把自己灌醉，然后和一个陌生人发生了一夜情。还是WT。

故事到这里就差不多了，接下来是症状和恐艾之路：

第二天我就觉得 YD 不舒服，而且手臂酸痛，那时候我还没有高危的意识，就只是单纯怕得性病。  
7月3号左右开始觉得自己的脖子很涨。胃口也没有之前好了。大便前腹痛，一天两次。  
百度上看到艾滋病窗口期会淋巴结肿大，于是我开始恐艾。

7月11号去医院挂了妇科做了B超，还检查了颈椎，结果 YD 没问题，颈椎有轻度骨质增生，B超显示甲状腺无异常，左侧颈部淋巴结 21\*6mm 肿大右侧 13\*4mm 探及。可是医生却说没事连药也没给我开。但是我还是恐惧，毕竟确实肿大，而且是对称。

于是我开始真正的恐艾，我一边举得自己在 HIV 窗口期，一边举得可能 1 年半前就被前男友感染了，现在已经是感染初期。

接下来的日子和多数恐友一样，生不如死，满身找皮疹疱疹，满口腔找毛状白斑，疯狂查看艾滋病有关的网站和资料，每天行尸走肉高度压抑，我一边安慰自己可能症状是因为颈椎骨质增生或者肠胃不好，一边想着如果得了病怎么悄悄死去才能让家人不蒙受耻辱。

这段时间真的心力交瘁，今天早上终于去抽血了，明天下午拿结果。

我知道不管是一年半前，还是 4 周前，我都是真正的高危。虽然每次我都会立刻洗澡，且男方都是 TWSJ，但是毕竟已经有体液交换，而且是多次。

而且一夜情那次，因为双方都喝醉了，而且是我有意的情绪发泄，过程很混乱和激烈。

所以每次在论坛里看到那些 DTXJ, WTKJ 还有疑神疑鬼什么都联想到 HIV 的人们在那叫恐连篇，我心里其实都觉得羡慕，因为基本上你们真的只有恐的份没有得的份。

明天的结果真的是生死判决，如果我真的得了 HIV，我真的没有勇气活下去。  
请你们祝福我，谢谢！

这段时间思考了很多很多，一年半前我的无知和对爱的盲目给了我恐惧的理由。4 周前我所谓的情绪发泄给了我另一个恐惧的理由。

我无限懊悔，尤其是 4 周前的高危，因为即使生活有再多不如意，感情有再多无奈，也不该用这样的方式去解决，我们有那么多关心我们的朋友，我们大可以倾诉然后大哭一场。

亲爱的朋友们，请你们一定要 DT！为了自己为了他人。

如果我得了 HIV, 我会找个安静的死法。  
如果我没事，我想回到家人身边。

我们其实拥有很多，只我们自己不知道。  
我仍然相信爱，也请你们好好爱自己。  
谢谢看完的人们。知艾家园

## Rhetorical Analyses of the Selected Paragraphs from the Post:

### Topoi

### Metaphor

NEW: The mandate by heaven	The more I thought, the more I felt depressed, I went to the bar <u>driven by the ghost</u> , drunk myself, and then had one-night-stand sex with a stranger. Without condom. .....	Death Penalty
Evaluation by consequence	Tomorrow's result is really the <u>life-or-death sentence</u> , <u>if</u> I really get HIV, I don't have any courage for living. Please bless me, thanks!	
Time	I have been thinking a lot these days, <u>one year and a half ago</u> my ignorance and the blind love gave me the reason for fear. <u>Four weeks ago</u> , my so called emotional venting gave me another reason for fear.	
Cause and effect	I greatly regret, especially <u>for</u> the high-risk behavior four weeks ago, <u>because</u> even life is so unhappy, affection is so helpless, we should not resolve them by this way, we have many friends who care about us, we should have just had a talk and then cry.	
NEW: Admonition	Dear friends, <u>please</u> use condom! <u>For yourself and for others.</u>	
Evaluation by consequence	<u>If</u> I get HIV, <u>I will</u> find a peaceful way to die. <u>If</u> I'm ok, <u>I want</u> to go back to my families.	
NEW: Admonition	Actually <u>we</u> have a lot, <u>we</u> just don't know it. I still believe in love, so I also <u>ask you to</u> love yourselves.	

## REFERENCES

- AIDSmeds. (2011). Welcome. Available: <http://forums.poz.com/>
- AIDSmeds. (2011). Our Mission Statement. Available: <http://www.aidsmeds.com/aboutus.shtml#team>
- Albert, E. (1986). Acquired Immune Deficiency Syndrome: The Victim and the Press. *Studies in Communication*. 3. 135-158
- Altman, L.K. (1982, May 11). New homosexual disorder worries officials. *The New York Times*. Available: <http://www.nytimes.com/1982/05/11/science/new-homosexual-disorder-worries-health-officials.html>
- Altman, L.K. (1981, July 3). Rare cancer seen in 41 homosexuals. *The New York Times*. Available: <http://www.nytimes.com/1981/07/03/us/rare-cancer-seen-in-41-homosexuals.html>
- Aristotle. (2002). *On Poetics*. (Seth Benardete and Michael Davis, trans.) South Bend, Ind.: St. Augustine's Press.
- Aristotle. (1960). *Topica*. (E. S. Forster, trans.) Loeb Classical Library. Cambridge, MA: Harvard University Press.
- Balsamo, Anne. (1998). Introduction. The Cultural Studies of Science and Technology. Spec. issue of *Cultural Studies*. 12. 285-99
- Beijing Technology News. (2010, January 20). AIDS phobia is spreading: Question the authority and claim they are infected. Available: <http://discover.news.163.com/10/0120/11/5TFGIGOD000125LI.html>
- Berger, Peter and Thomas Luckmann. (1966). *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. New York: Anchor.
- Bitzer, L. (1968). The Rhetorical Situation. *Philosophy and Rhetoric*. 1(1). 1-14
- Black, M. (1979). *More About Metaphor*. In *Metaphor and Thought*. A. Ortony Ed. Cambridge: Cambridge University Press. 19-34
- Bourdieu, P. (1984). *Distinction: A Social Critique of the Judgment of Taste*. Cambridge: Cambridge University Press.
- Bourdieu, P., Passeron, J.C. (1977). *Reproduction in Education, Society and Culture*. London: Sage.

- Boyd, Richard. (1993). "Metaphor and Theory Change: What is 'Metaphor' a Metaphor For?" In *Metaphor and Thought*. Andrew Ortony. Ed. New York: Cambridge University Press. 481-532
- Branigan, T. (2010, May 10). HIV/Aids activist flees China for US. *Guardian*. Available: <http://www.guardian.co.uk/world/2010/may/10/aids-activist-flees-china-america>
- Bristow, M. (2010, June 7). Chinese Aids group feels government pressure. *BBC News*. Available: <http://news.bbc.co.uk/2/hi/8717429.stm>
- Brooke, Collin Gifford. (2009). *Lingua Fracta*. Cresskill, NJ: Hampton Press.
- Bureau of Hygiene & Tropical Diseases (1990). AIDS Newsletter, News item 213.
- Burke, Kenneth. (1989). *On Symbols and Society*. University Of Chicago Press.
- Burke, Kenneth. (1966). *Language as Symbolic Action: Essays on Life, Literature, and Method*. Berkeley: University of California Press.
- Bonacci, M. (1992). *Senseless Casualties: The AIDS Crisis in Asia*. Washington, DC: Asia Resource Center.
- CDC (2010). HIV in the United States. Available: <http://www.cdc.gov/hiv/resources/factsheets/PDF/us.pdf>
- CDC (1982). Current Trends Update on Acquired Immune Deficiency Syndrome (AIDS) - United States, MMWR Weekly, 31(37): 507-508, 513-514. September 24, 1982. Available: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001163.htm>
- CDC (1981). Pheumocystis Pneumonia – Los Angeles, MMWR, 30(21): 1-3. June 5, 1981. Available: [http://www.cdc.gov/mmwr/preview/mmwrhtml/june\\_5.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/june_5.htm)
- Chen, X. (2005). Sexually Transmitted Infections Among Female Sex Workers in Yunnan, China. *AIDS Patient Care and STDs*. 19 (12). 853
- China 2010 UNGASS Country Progress Report (2008-2009). (2010. April). Available: <http://www.unaids.org/fr/dataanalysis/monitoringcountryprogress/2010progressreportsubmittedbycountries/file,33645,fr.pdf>.
- China Daily HK Edition (2003. December 2). Pu Cunxin, AIDS' leading man. Available: [http://www.chinadaily.com.cn/en/doc/2003-12/02/content\\_286517.htm](http://www.chinadaily.com.cn/en/doc/2003-12/02/content_286517.htm)

- China View. (2005. December.26). Quiet pink revolution in dark before dawn?  
Available: [http://news.xinhuanet.com/english/2005\\_12/26/content\\_3970520.htm](http://news.xinhuanet.com/english/2005_12/26/content_3970520.htm)
- Chinese State Council (2011). State Council on Further Strengthening the Work  
on AIDS. Available: [http://www.gov.cn/zwggk/2011-02/16/content\\_1804536.htm](http://www.gov.cn/zwggk/2011-02/16/content_1804536.htm).
- Chong, Jing, Kvasny, Lynette. (2007). A Disease that has a Woman's Face: The Social  
Construction of Gender and Sexuality in HIV/AIDS Discourses. *Intercultural  
Communication Studies*. 16 (3). 53-65
- Chong, Jing, Kvasny, Lynette. (2006). Social Construction of Gender and Sexuality in  
Online HIV/AIDS Information. In *Encyclopedia of Information Technology and  
Gender*, E.Trauth. Hershey Ed. Idea Group Publishing. 1112-1116
- Cohen, S. (1973). *Folk Devils and Moral Panics*. St Albans: Paladin
- Coursaris, Constantinos. K., Liu, Ming. (2009). An Analysis of Social Support  
Exchanges in Online HIV/AIDS Self-help Groups. *Computers in Human  
Behavior*. 25. 911-918
- Cristal, S., Jackson, M. (1992). Health Care and the Social Construction of AIDS: the  
Impact of Disease Definitions. In *The Social Context of AIDS*, Huber, J.,  
Schneider, BE. Eds.London: Sage.
- Crossley, N. (1998). HIV, empowerment and the sick role: an investigation of a  
contemporary moral maze. *Health (San Francisco, Calif.)* 2(2). 157-174
- Dahlberg,L. (2001). The Internet and Democratic Discourse: Exploring the prospects of  
online deliberative forums extending the public sphere. *Information,  
Communication & Society*. 4(4). 615-633
- Dideriksen, Patricia.W. and Bartlett, John.A. (1990). Book Review. *New England Journal  
of Medicine*. 322:415
- Dilger, H. (2008). "We are all going to die": Kinship, Belonging, and the Morality of  
HIV/AIDS-related Illnesses and Deaths in Rural Tanzania. *Anthropological  
Quarterly*. 81(1). 207-232
- Edbauer, Jenny. (2005). "Unframing Models of Public Distribution: From Rhetorical  
Situation to Rhetorical Ecologies." *Rhetoric Society Quarterly*. 35 (4). 5-24
- Epstein, Steven (1996). *Impure Science: AIDS, Activism, and the Politics of Knowledge*.  
Berkley and Los Angeles: University of California Press.
- Fairclough, Norman. (1993). *Discourse and Social Change*.Cambridge: Polity Press.

- Fan, Y. (2000). A Classification of Chinese Culture. *Cross Culture Management*. 7(2). 3-10
- Fee, Elisabeth and Fox, Daniel.M (1988). *AIDS: The Burdens of History*. Berkeley: UC Press.
- Fee, Elisabeth and Nancy Krieger. (1993). Understanding AIDS: Historical Interpretations and the Limits of Biomedical Individualism. *American Journal of Public Health*. 83:1477-86
- Feldman, Douglas A. Ed. (1990). *Culture and AIDS*. Praeger Publishers.
- Feng, Q. (2001. April 20). More tolerance for homosexuals. *China Daily (North American Edition)*.
- Fisher, Walter R. (1995). Narration, Knowledge, and the Possibility of Wisdom. In *Rethinking Knowledge: Reflections Across the Disciplines* (Sunny Series in the Philosophy of the Social Sciences). Fisher & Robert F. Goodman, Ed. New York: State University of New York Press.
- Financial Times. (2003. December.2). Handshake seals shift in China AIDS approach. Available:[http://www.greatnewsnetwork.org/index.php/news/article/handshake\\_seals\\_shift\\_in\\_china\\_aids\\_approach/](http://www.greatnewsnetwork.org/index.php/news/article/handshake_seals_shift_in_china_aids_approach/)
- Fortes, Meyer (1983). *Oedipus and Job in West African Religion*. Cambridge: Cambridge University Press.
- Foss, Sonya K. (2009). *Rhetorical Criticism: Explorations and Practice*, 4<sup>th</sup> Edition. Long Grove, IL: Waveland Press.
- Foucault, Michel. (1982). The Subject and Power. *Critical Inquiry*. 8 (4). 777-795
- Foucault, M. (1980). In *Power-knowledge: Selected interviews and other writings: 1972-1977*. C. Gordon. Ed. New York: Pantheon Books.
- Foucault, Michel. (1978). *The History of Sexuality, Vol. I: An Introduction*. New York: Random House.
- Foucault, Michel. (1977). *Discipline and Punish*. New York: Pantheon.
- Fox, N.J. (2005). The 'expert patient': empowerment or medical dominance? The case of weight loss, pharmaceutical drugs and the Internet. *Social Science & Medicine* 60 (6), 1299-1309

- Frank, A.W. (1993). The rhetoric of self-change: Illness experience as narrative. *The Sociological Quarterly*. 34(1). 39-52
- The Washington Blade. (1982, April.16). Gay cancer focus of hearing. Available: [http://www.henrywaxman.house.gov/UploadedFiles/Gay\\_Cancer\\_Focus\\_of\\_Hearing.pdf](http://www.henrywaxman.house.gov/UploadedFiles/Gay_Cancer_Focus_of_Hearing.pdf)
- Genel, Katia. (2006). The Question of Biopower: Foucault and Agamben. *Rethinking Marxism*. 18(1). 43-62
- Gillett, James. (2003). Media Activism and Internet Use by People with HIV/AIDS. *Sociology of Health & Illness*. 25(6). 608–624
- Gilbert, M. T. P., Rambaut, A., Wlasiuk, G., Spira, T. J., et.al. (2007). The Emergence of HIV/AIDS in the Americas and Beyond. *Proceedings of the National Academy of Sciences of the USA*, 104 (47), 18566–70
- Gilman, S. L. (1988). *Disease and Representation: Images of Illnesses from Madness to AIDS*. Cornell University Press.
- Global Times. (2011, April. 6). ‘Negative AIDS’ just a phobia: Ministry. Available: <http://en.huanqiu.com/life/health/2011-04/641346.html>
- Gramsci, A. (1970). *Prison Notebooks*. London: Lawrence and Wishart.
- Grmek, M.D. (1990). *History of AIDS: Emergence and Origin of A Modern Pandemic*. New Jersey: Princeton University Press.
- Gorman, E. Michael (1986). The AIDS Epidemic in San Francisco: Epidemiological and Anthropological Perspectives. In *Anthropology and Epidemiology*. Craig Janes, Ron Stall, and Sandra Gifford, eds. Dordrecht: D. Reidel. 157-172
- Hall, Stuart. (1997). Foucault: Power, Knowledge, and Discourse. In *Discourse Theory and Practice: A Reader*. M Wetherell, S Taylor, and S Yates, eds. 2001.Open University. 72-81
- Harman, Keith & Koochang, Alex. (2005). Discussion Board: A Learning Object. *Interdisciplinary Journal of Knowledge and Learning Objects*.1.67-77
- Herman, Robin. (1982 August 8). A Disease’s spread provokes anxiety. *The New York Times*. Available: <http://www.nytimes.com/1982/08/08/nyregion/a-disease-s-spread-provokes-anxiety.html>

- He, X., Rofel, L. (2010). "I Am AIDS": Living with HIV/AIDS in China. *East Asia Cultures Critique*, 18 (2). 511-536
- Huang, B. (2002). A comparison of Greek and Chinese rhetoric and their influence on later rhetoric. PhD. Dissertation. Available:  
<http://etd.lib.ttu.edu/theses/available/etd-0627200831295017085480/unrestricted/31295017085480.pdf>
- Hyde, Sandra, T. (2007). *Eating Spring Rice: The Cultural Politics of AIDS in Southwest China*. Berkley and Los Angeles: University of California Press.
- Jandt, Fred Edmund. (2009). *An Introduction to Intercultural Communication: Identities in a Global Community*, Sixth Edition. Sage Publications, Inc.
- Johnson, Richard. (1987). "What Is Cultural Studies Anyway?" *Social Text*. 6. 38-80
- Jones, Rodney. (1999). Mediated action and sexual risk: searching for 'culture' in discourses of homosexuality and AIDS prevention in China. *Culture, Health & Sexuality*. 1(2). 161-180
- Jones, Rodney. (1997). Identity, community and HIV related communication among men who have sex with men in China. A paper presented at the conference on 'Social and Behavioural Aspects of AIDS', Hangzhou, PRC, November 2-5.
- Jones, Rodney. (2002). A walk in the park: Frames and positions in AIDS prevention outreach among gay men in China. *Journal of Sociolinguistics*. 6 (3): 575-588
- Kan, T. (2008. August 21). Capital strengthens AIDS prevention and control. *China Daily*. Available: [http://www.chinadaily.com.cn/cndy/2008-08/21/content\\_6956414.htm](http://www.chinadaily.com.cn/cndy/2008-08/21/content_6956414.htm)
- Kao, Karl. S.Y. (2000). Comparative Literature and the Ideology of Metaphor, East and West. *CLCWeb: Comparative Literature and Culture*. 2 (4). Available:  
<http://docs.lib.purdue.edu/clcweb/vol2/iss4/3>
- Kaplan, A. M., Haenlein, M. (2010). Users of the World, Unite! The Challenges and Opportunities of Social Media. *Business Horizons*. 53(1). 59-68
- Kaptchuk, Ted. (2000). *The Web That Has No Weaver: Understanding Chinese Medicine*. McGraw-Hill Professional.
- Keinsten, Kenneth. (1989). Living with AIDS: Social Construction and the Long Haul. Working Paper in Program in Science, Technology and Society, MIT.



- La Forge, J. (1991). Preferred Language Practice in Professional Rehabilitation Journals. *Journal of Rehabilitation*. 57 (1). 49-51
- Lakoff, G., & Johnson, M. (1980). *Metaphors We Live By*. Chicago: The University of Chicago Press.
- Lakoff, G., & Johnson, M. (1999). *Philosophy In the Flesh: The Embodied Mind and Its Challenge to Western Thought*. New York: Basic Books.
- Lee, M.B., Wu, Z., Rotheram-Borus, et al. (2005). HIV-related stigma among market workers in China. *Health Psychology*. 24. 435-438
- Levine, Martin. (1992). The Implications of Constructionist Theory for Social Research on the AIDS Epidemic Among Gay Men. In *The Time of AIDS*, G Herdt and S Lindenbaum, eds. Sage.185-198
- Li, C. (1997). Shifting Perspectives: Filial Morality Revisited. *Philosophy East & West*. 47(2). 211-232
- Li, L., Rotheram-Borus, M. J., et al. (2009). Mass Media and HIV/AIDS in China. *Journal of Health Communication*. 14. 424-438
- Lieber, Li, Wu, Rotheram-Borus, & Guan et al. (2006). HIV/STD stigmatization fears as health-seeking barriers in China. *AIDS Behaviours* 10. 463-471
- Liu, Di-lin. (2002). *Metaphor, Culture, and Worldview: The Case of American English and the Chinese Language*. Lanham: University Press of America.
- Liu, J. (2010, October 20). Exiled China Aids activist mourns her former life. *BBC News*. Available: <http://www.bbc.co.uk/news/world-11446636>
- Liu, Z. F., Mei, Z. Q., Zheng, X.W., et al. (2000). Investigation of HIV infection among plasma donors in three illegal plasma collection places in middle China. *Chinese Journal of Epidemiology*. 21(6). 466-467
- Liu, Z., Hu, X. Li, B. et al. (2006). Understanding interrelationships among HIV-related stigma, concern about HIV infection, and intent to disclose HIV serostatus: A pretest-posttest study in a rural area of eastern China. *AIDS Patient Care and STDs*. 20. 133-142
- Lu, A.P., Jia H., Xiao. C., Lu, Q. (2004). Theory of traditional Chinese medicine and therapeutic method of diseases. *World J Gastroenterol*. 10 (13). 1854-1856

- Lu, Xing. (2004). *Rhetoric of the Chinese Cultural Revolution: Impact on Chinese Thought, Culture, and Communication*. Columbia: University of Southern Carolina Press
- Makamani, Rewai. (2009). Contradictory HIV/ AIDS Rhetoric(s) in Zimbabwe: An Analysis of Selected Online Media Texts. Paper presented at the African Association of Rhetoric 2nd Biennial International Conference at the University of KwaZulu Natal (1-3 July).
- Ma, Y., Li. Z., Zhang, K., et al. (1990). HIV was first discovered among IDUs in China. *Chinese Journal of Epidemiology*. 11. 184-185
- Marx J.L. (1982). New Disease Baffles Medical Community. *Science*. 217(4560): 618-621.
- Miller, C. R. (1987). Aristotle's "Special Topics" in Rhetorical Practice and Pedagogy. *Rhetoric Society Quarterly*. 17(1). 61-70
- MO, P., Coulson, N. (2008). Exploring the Communication of Social Support within Virtual Communities: A Content Analysis of Messages Posted to an Online HIV/AIDS Support Group. *CyberPsychology & Behavior*. 11(3). 371-374
- Nelkin, Dorothy. & Gilman, Sander. (1988). Placing Blame for Devastating Disease. *Social Research*. 55(3). 361-378
- Nelson, William, F. (1969). Topoi: Evidence of Human Conceptual Behavior. *Philosophy and Rhetoric*. 2(1). 1-11
- Newby, T. J., Stepich, D. A., Lehman, J. D. & Russell, J. D. (1996). *Instructional technology for teaching and learning: Designing instruction, integrating computers, and using media*. NJ: Prentice Hall.
- NPR (2005, February 17). Urban China Embraces Web; Rural Regions Lag. Available : <http://www.npr.org/templates/story/story.php?storyId=4503552>
- Owen, Stephen. (1992). *Readings in Chinese Literary Thought*. Cambridge: Harvard UP.
- Parker, Richard. (2001). Sexuality, Culture, and Power in HIV/AIDS Research. *Annual Review of Anthropology*. 30. 163-179
- Parker, Richard., Aggleton, Peter. (2003). HIV and AIDS-related Stigma and Discrimination: A Conceptual Framework and Implications for Action. *Social Science & Medicine*. 57. 13-24

- Patton, M. (2002). *Qualitative Research and Evaluation Methods*. Thousand Oaks, CA: Sage.
- Phoenix News. (2010, January. 1). National CDC investigation on AIDS phobia.  
Available: [http://news.ifeng.com/mainland/201001/0111\\_17\\_1506310.shtml](http://news.ifeng.com/mainland/201001/0111_17_1506310.shtml)
- Phoenix News. (2009, October. 28). Does AIDS phobia scare you?  
Available: <http://news.ifeng.com/opinion/topic/kongaizheng/>
- Phoenix News. (2009, October. 27). Thousands of netizens claim they have strange disease. Available:  
[http://news.ifeng.com/mainland/200910/1027\\_17\\_1406912\\_2.shtml](http://news.ifeng.com/mainland/200910/1027_17_1406912_2.shtml)
- Polgar, Michael. (1996). Social Construction of HIV/AIDS: Theory and Policy Implications. *Health Sociology Review*. 6 (1). 81-111
- Preda, Alex. (2005). *AIDS, Rhetoric, and Medical Knowledge*. Cambridge University Press.
- Prelli, L. J. (1989). *A Rhetoric of Science: Inventing Scientific Discourse*. Columbia: University of South Carolina Press.
- Ren,C., Hust,S.,Zhang,P. (2010). Stigmatizing HIV/AIDS in the 21<sup>st</sup> Century? Newspaper Coverage of HIV/AIDS in China. *China Media Research*. 6(4). 3-14
- Rennie, D.L. (2000). Grounded Theory Methodology as Methodical Hermeneutics Reconciling Realism and Relativism. *Theory Psychology*. 10 (4). 481-502
- Report on Discrimination Against People Living with HIV in China (2009). Available: <http://www.unaids.org.cn/uploadfiles/20091124090002.pdf>
- Richards, I.A. (1936). *The Philosophy of Rhetoric*. London: Oxford University Press.
- Rofel, Lisa. (2007). *Desiring China: Experiments in Neoliberalism, Sexuality, and Public Culture*. Duke University Press
- Rosenthal, E. (2001. December 5). Suddenly, AIDS Makes the News in China. *The New York Times*. Available:  
<http://query.nytimes.com/gst/fullpage.html?res=9800EEDC173CF936A35751C1A9679C8B63>
- Schmitt, Rudolf. (2005). Systematic Metaphor Analysis as a Method of Qualitative Research. *The Qualitative Report* . 10 (2). 358-394

- Shanghai Daily. (2011, April.6). Many AIDS ‘patients’ in China suffer from phobia. Available: <http://english.peopledaily.com.cn/90001/90782/90872/7340942.html>
- Shaw & Baker. (2004). Expert patient: dream or nightmare? *British Medical Journal*. 328. 723–724
- Shen, J., Yu, D. (2005). Governmental policies on HIV infection in China. *Cell Research*.15
- Sontag, Susan. (1989). *Illness as Metaphor and AIDS and Its Metaphors*. New York: Farrar, Straus, Giroux.
- Sott, Blake. (2003). Extending Rhetorical-Cultural Analysis: Transformations of Home HIV Testing. *College English*. 65 (4). 349-367
- The White House Office of National AIDS Policy (2010, July). National HIV/AIDS Strategy. Available: <http://www.whitehouse.gov/files/documents/nhasimplementation.pdf>
- The U.S. Equal Employment Opportunity Commission (2005, October 17). “Questions and Answers About the Association Provision of the Americans with Disabilities Act” Available: [http://www.eeoc.gov/facts/association\\_ada.html](http://www.eeoc.gov/facts/association_ada.html)
- Tomaselli, K. G. (2009). (Re) mediatizing HIV/AIDS in South Africa. *Cultural Studies – Critical Methodologies*. 9(4). 570-587
- Tong, J. (2006). Framing AIDS: A Comparative Analysis of AIDS Coverage in U.S. and Chinese Newspaper, 2001-2004. *English and Communication*.17(1).
- Treichler, Paula. (1988). AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification. In *AIDS: Cultural Analysis/Cultural Activism*. D Crimp. Ed. Cambridge, MA: MIT press. 31-70
- Treichler, Paula. (1999). *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS*. Durham: Duke University Press.
- Tung, M. (1994). Symbolic meanings of the body in Chinese culture and “somatization” Culture. *Medicine and Psychiatry*. 18(4). 483-492
- UNAIDS (2002. June). HIV/AIDS: China’s titanic peril: 2001 Update of the AIDS situation and needs assessment report. Available: <http://www.youandaids.org/unfiles/chinastitanicperillast.pdf>
- UNADIS (2010). *Outlook Report*. Joint United Nations Programme on HIV/AIDS. Geneva: WHO.

- UNAIDS (2009). *AIDS Epidemic Update*. Joint United Nations Programme on HIV/AIDS. Geneva: WHO.
- Ungvarski, Peter.J, Flaskerud, Jacquelyn.H. (1999). *HIV/AIDS: A Guide to Primary Care Management*. Philadelphia: WB Saunders.
- USEST. (2001). Shaanxi province blood donor HIV. Available: <http://www.usembassy-china.org.cn/english/sandt/hivartic.html>
- Van Dyk, Alta. (2001). Traditional African Beliefs and Customs: Implications for AIDS Education and Prevention in Africa. *South African Journal of Psychology*, 31 (2). 60-66
- Walker, D., & Lambert, L. (1995). Learning and leading theory: A century in the making. In Lambert, D. et.al. eds. *The Constructivist Leader*. NY: Teachers College Press, Columbia University. 1-27
- Walsh, Lynda (2010), The Common Topoi of STEM Discourse: An Apologia and Methodological Proposal, With Pilot Survey. *Written Communication*. 27(1). 120-156
- Wan, Y. (2001. March 20). Chinese homosexuality moving towards normality. Available: <http://www.aizhi.org/azxd/normal.htm>
- Wan, Y. (1999). Report on MSM and HIV/AIDS in China. Report for UNAIDS/ASAP Regional Workshop of Policy and Programmatic Issues for Men who have Sex with Men, February.
- Webb, Douglas. (1997). *HIV and AIDS in Africa*. Pietermaritzburg: University of Natal.
- Wellman, B., Gulia, M. (1999). Net Durfers Don't Ride Alone. In *Networks in the Global Village*. Barry Wellman. Ed. Boulder, Colorado: Westview Press. 331-336
- Wong & Piran (1995). Western biases and assumptions as impediments in counseling traditional Chinese clients. *Canadian Journal of Counselling*. 29. 107-119
- Wu, Min (2006). Framing AIDS in China: A Comparative Analysis of US and Chinese Wire News Coverage of HIV/AIDS in China. *Asian Journal of Communication*. 16 (3). 251-272
- Wu, Z.Y., Liu, Z.Y., Detels, R., et al. (1995). HIV-1 infection in commercial plasma donors in China. *The Lancet*. 364. 61-62

- Xinhua News. (2004, February.8). China court hears homosexual prostitution case.  
Available:[http://www.chinadaily.com.cn/english/doc/200402/08/content\\_304163.htm](http://www.chinadaily.com.cn/english/doc/200402/08/content_304163.htm)
- You, X. (2006). The Way, Multimodality of Ritual Symbols, and Social Change: Reading Confucius's Analects as a Rhetoric. *Rhetoric Society Quarterly*. 36. 425–448
- You, X. (2008). Rhetorical Strategies, Electronic Media, and China English. *World Englishes*. 27 (2). 233–249
- Yu, Haishan. (2007). Talking, Linking, Clicking: The Politics of AIDS and SARS in Urban China. *East Asia Cultures Critique*. 15(1). 35-63
- Zappen, J. P., Gurak, L. J. and Doheny-Farina, S. (1997). Rhetoric, Community, and Cyberspace. *Rhetoric Review*. 15. 400-419
- Zeng, Y., Wang, B.C., Zheng, X.W., et al. (1988). Serological screening of HIV antibody in China. *Chinese Journal of Epidemiology*. 9. 138-140
- Zheng, X.W., Zhu, I., Yang, G.H., & Zhang, G.Y. (1989). HIV/AIDS surveillance in China, 1985-1988. *Chinese Journal of Epidemiology*. 10. 65-67
- Zheng, X.W., Wang, Z., Xu, J., et al. (2000). The epidemiological study of HIV infection among paid blood donors in one county of China. *Chinese Journal of Epidemiology*. 21(1). 6-7
- Zhou, H. (2000). *Tongzhi: Politics of Same-Sex Eroticism in Chinese Societies*. Routledge.
- Zhou, Yanqiu. (2007). "If you get AIDS...You have to endure it alone": Understanding the social constructions of HIV/AIDS in China. *Social Science & Medicine*. 65(2). 284-295
- Zhu, Y., Hildebrandt, H. (2002). Greek and Chinese Classical Rhetoric: The Root of Cultural Differences in Business and Marketing Communication. *Asia Pacific Journal of Marketing and Logistics*. 14(4). 89-114
- Zola, I.K. (1993). Self identity and the naming question: reflections on the language of disability. *Social Science and Medicine*. 36 (2).167-173